

# CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY023 Bldg 200 Date of Visit: 2/7/20

Contractor Personnel on Site:

1. PHIL SHAWHAN 2. JIM GOTTOW

## Work Performed:

Preventive Maintenance -(Annual, Quarterly, Monthly, equipment identification, etc.)  
Service Orders - CSS 22366 WO6077

Asset #	Qty	Asset Description
		REPLACE HEATING COIL ON
		THANE SPLIT UNIT
		TEST SYSTEM FOR IDENTIFICATION

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WOLFE Date: 2/7/20

Signed: [Signature]

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank:

LOUIS CORBO

Date:

2/09/20

Signed:

[Signature]

E-Mail:

LOUIS - A. CORBO - CTR @ MAIL - MIL











