

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

FACID/Building: M/B Bldg 200 Date of Visit: 7/27/20

Contractor Personnel on Site:

1. JMY 2. PAUL KANDAC

Work Performed:

Preventive Maintenance -(Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders - CSS # 24602 WO 7920

Asset #	Qty	Asset Description
		REPLACED FRONT DOOR
		& FRAME
		NEW HINGES
		NEW DOOR CLOSERS
		NEW COARSE
		REINSTALL CANN READER

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WOLNIE Date: 7/28/20

Signed: _____

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: JULY 28 2020

Signed: [Signature]

E-Mail: LOUIS.A.CORBO-CTR@MAIL.MIL





