

CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)
Building: NY23 Bldg 324

FACID/Building: NY23 Bldg 124 Date of Visit: 4/25/24
Contractor Personnel on Site: _____

Contractor Personnel on Site:

1. 1770

2. PAVE

Work Performed: REPLACE LOOSE ROCK NAILINGS

Preventive Maintenance - (Annual, Quarterly, Monthly, equipment identification, etc.)

Service Orders -

[illegible]

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN W. HARR

Signed: 

Date: 4/23/2

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: 23 Apr 2021

Signed: [Signature]

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





