

CERTIFICATION OF WORK

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

FACID/Building: NV23 Front Date of Visit: 10/26
LATE

Contractor Personnel on Site:

1. Phil 2. Steve

Work Performed: CSS 2547T WO 0839

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

Asset #	Qty	Asset Description
		REPLACE A/C UNIT
		WITH SPLIT UNIT
		A/C UNIT
		LG UNIT

CERTIFICATION OF WORK

To be signed by the Contractor:

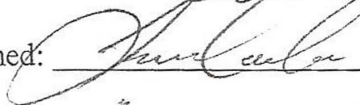
Print Name: John W. Hoffman Date: 10/26/20

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 CORPO Date: 26 Oct 2020

Signed: 

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



