

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

FACID/Building: NY023

Date of Visit: 16 JULY

Contractor Personnel on Site:

1. JEFF SMITH

2. PAUL GREEN

**Work Performed:**

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

CSS # 21585 with 8322

Asset #	Qty	Asset Description
		Repaired Defective 10 HP
		Pump # 1
		Repaired Pump #1 with customers
		spare pump
		Repaired 5 Flats
		Rebuilt Defective Pump
		Returned repaired Pump to
		Customer 7/16/20

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: JOHN WOLFE

Date: 7/16/20

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: 7/21/20

Signed: [Signature]

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





















