

CERTIFICATION OF WORK

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

FACID/Building: NY023, Bldg#206 Date of Visit: 09/03/20

Contractor Personnel on Site: 1. Ari + 2. _____

Work Performed: CSS#26331, WIO:10237,

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

Asset #	Qty	Asset Description
	1	Provide & install missing shingles
	1	Fix chimney cracks on roof
	1	Seal 6' vent pipe on roof.

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To be signed by the Contractor:

PrintName: Arian Kodra Signed: Arian Kodra Date: 09/03/20

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:

PrintName/Rank: Louis A. Corbo, Date: _____

Signed: _____ E-Mail: louis.a.corbo@tr@mail.mil.

