

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

FACID/Building: NY23 B105 124

Date of Visit: 11/9/20

Contractor Personnel on Site:

1. Joe Harrison

2. ED

Work Performed:

Preventive Maintenance -(Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders - ISS 26942 WO 10315

Asset #	Qty	Asset Description
		REMOVE + REPLACE
		DNR LAST MODEL 84DM10
		COMPRESSOR
		MAKE ELEC TALLER W/IN EN UNIT

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WOHME

Date: 11/9/20

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: 9 Nov 20

Signed: [Signature]

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

