

CERTIFICATION OF WORK

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

FACID/Building: NY23 B4N4 124

Date of Visit: 1-6-21

Contractor Personnel on Site:

1. JOE

2. SMETTA

Work Performed: Remove 4" check valve
Preventive Maintenance

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Adams

Date: 1-16-24

Signed: John Doe

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: _____

Signed: Louis Corbo

E-Mail: Louis.A.Corbo-CTR@mail.mil

