

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

FACID/Building: NY23 Bldg 200 Date of Visit: 12/1/20

Contractor Personnel on Site:

1. Bob Garrison

2. Charles / James
Tito

Work Performed:

Preventive Maintenance -(Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders - CS5 27255 WO 11089

Asset #	Qty	Asset Description
		<u>Drain Down Bolts</u>
		<u>Set up Equipment</u>
		<u>Reserve 5" pipe</u>
		<u>Reconnect to Fan Coil 200</u>
		<u>Phone</u>
		<u>Repare 1st floor/other Con rooms</u>
		<u>Rewrap pipe</u>
		<u>Move Fan coil</u>

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Toliver Holloman

Date: 12/1/20

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: 10/01/10

Signed: Louis Corbo

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



