

CERTIFICATION OF WORK

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

FACID/Building: N423 MAIN GAR Date of Visit: 12/7-12/8

Contractor Personnel on Site:

1. CHIT WIDE
2. LARRY FRANK

Work Performed: REMOVED BROKEN WASTE MAIN LINE

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

Service Orders - CS 27877 WO 11/11

Asset #	Qty	Asset Description
		CUT SAW REMOVED ASPHALT
		EXCAVATION 3 FT TO AROUND WHITE LINE
		REPAIRD 6" LINE
		BACK FILL
		APPLY 2" ASPHALT

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WILSON Date: 12/8

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: 8 Dec 2020

Signed: [Signature]

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



