

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

FACID/Building: NY0023 Date of Visit: 5/11/2021

Contractor Personnel on Site:

1. Michael Sarro      2. \_\_\_\_\_

**Work Performed:** Repairs to lighting fixtures.

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

1. WO# 2-11121 \_\_\_\_\_

**Service Calls** – Service Call Number and Description

1. CSS# 28078 \_\_\_\_\_  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

**Pictures are required (Before and After)**

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Michael Sarro Date: 5/11/2021

Signed: Michael Sarro

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 AFOS Date: 5/11/2021

Signed: Louis Corbo

E-Mail: louis.a.corbo.ctr@mail.mil

