

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

FACID/Building: RIVER OAK Date of Visit: 1/26/21

Contractor Personnel on Site:

1. CAM/CHARLES 2. JACK/PHIL

Work Performed: REPAIR HEATING COIL IN ONE BRICK ROOM  
Preventive Maintenance - (Annual, Quarterly, Monthly, equipment identification, etc.)  
Service Orders - LS 28/05 WO 11468

| Asset # | Qty | Asset Description             |
|---------|-----|-------------------------------|
|         |     | <u>REPAIR LEAKING HEATING</u> |
|         |     | <u>COIL</u>                   |
|         |     | <u>REPLACE COIL WITH NEW</u>  |
|         |     | <u>UNIT</u>                   |
|         |     | <u>REINSULATE UNIT</u>        |
|         |     |                               |
|         |     |                               |
|         |     |                               |
|         |     |                               |
|         |     |                               |
|         |     |                               |
|         |     |                               |
|         |     |                               |

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: JOHN WOHNKE

Signed: [Signature] Date: 1/26/21

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: 26 JAN 21

Signed: [Signature]

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





