

CERTIFICATION OF WORK

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

FACID/Building: NY23 Bldg 206 Date of Visit: 1/12/21

Contractor Personnel on Site:

1. David

2. Tito

Work Performed:

Repaired walls in Basement B loc

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

CS 27125

WD 11461

Asset #	Qty	Asset Description
		<u>Repair and Spackle Basement walls</u>
		<u>Paint & Prime walls</u>
		<u>Paint & prep door</u>
		<u>Reinsulate pipe insulation</u>

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To be signed by the Contractor:

Print Name: John Munn

Date: 1/12/21

Signed: John Munn

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: 2 Jan 2011
Signed: Louis Corbo
E-Mail: Louis.A.Corbo-CTR@mail.mil

