

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

FACID/Building: NY23 MAIN GATE Date of Visit: 1/20/24

Contractor Personnel on Site:

1. TEJO 2. PAUL / ROBINE

Work Performed: REPAIR FRONT GATE

Preventive Maintenance -(Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders - CS 28193 WO 11467

Asset #	Qty	Asset Description
		REPLACE 4ea INSURANCE
		MODULE
		RE CUT AND INSTALL LOGS
		ON ENTRANCE & EXIT
		TEST UNIT -

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN W. HARRIS Date: 1/20/24

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: 20 Jan

Signed: [Signature]

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



