

CERTIFICATION OF WORK

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

FACID/Building: NYC Main Gate Date of Visit: 1/20/21

Contractor Personnel on Site:

1. DETO

2. PAUL / Roberts

Work Performed: Repair front gate

Preventive Maintenance -(Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders - *OS 25/93 100-110*

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Taylor W. Hause Date: 1/20/14
Signed: _____
Taylor W. Hause

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: Louis Corbo
E-Mail: Louis.A.Corbo-CTR@mail.mil



