

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

FACID/Building: NY 23 B (AJ) 113 Date of Visit: 1/13/16

Contractor Personnel on Site:

1. PHN

2. Tom

Work Performed.

DEFECTIVE VOWELS ON THREE HEAT/40 SYSTEM

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

CU 28316 wo 1148

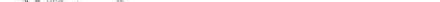
CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Doe

Signed: *John A.*

Date: 1/13/24

Signed: 

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: 13 Jan 21

Signed:

Louis Corbo

E-Mail:

Louis.A.Corbo-CTR@mail.mil

