

CERTIFICATION OF WORK

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

FACID/Building: NY23 0000

Date of Visit: 2/17/21

Contractor Personnel on Site:

1. TEBO LARZ

2. PERKINS

Work Performed: FRONT GATES NOT WORKING

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

Service Orders - CS528892 WO 11907

Asset #	Qty	Asset Description
		<u>REPAIR SPRING AND CABLE</u>
		<u>REPAIR GATE</u>
		<u>REPAIR HORN</u>
		<u>REPAIR GATE</u>
		<u>CHECK ALIGNMENT + OPERATION</u>

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: TOFFI WOLFE

Date: 2/17/21

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:

Signed: [Signature]

17 Feb 21

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

