

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

FACID/Building: *NY23*

Date of Visit: 2/17/21

Contractor Personnel on Site:

1. TEED LAR

2. Referent

Work Performed: Front gates not working
Preventive Maintenance

Preventive Maintenance -(Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders - *Keep up to date*

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Poppi wolfson

Date: 2/20/24

Signed: John

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:

Louis-A. Corbeil 17 FEB 97
E-Mail: Louis-A.Corbeil.CTR@mail.mil

