

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

FACID/Building: NY23 MEP GATE

Date of Visit: 3/1/21

Contractor Personnel on Site:

1. TETO

2. CHANCES

Work Performed: REPAIR MED GATE

Preventive Maintenance - (Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders - *CS5 23811*

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Wilson Date: 31.12
Signed: John Wilson

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

Signed: Louis Corbo Date: 1 May 21

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



