

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

FACID/Building: NY23 MED LATE

Date of Visit: 3/1/21

Contractor Personnel on Site:

1. TETO

2. CHARLES

Work Performed: REPAIR MED LATE

Preventive Maintenance -(Annual, Quarterly, Monthly, equipment identification, etc.)  
Service Orders - CSS 2-8966 WD 19912

Asset #	Qty	Asset Description
		<u>DEJ OUT LATE</u>
		<u>Remove &amp; replace cover</u>
		<u>overrun</u>
		<u>ALLEN / NO HANG GATE</u>

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: JOHN WOLFE

Signed: [Signature]

Date: 3/1/21

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: 1 MAR 21

Signed: [Signature]

E-Mail: LOUIS.A.CORBO-CTR@MAIL.MIL





