CERTIFICATION OF WORK

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

FACID/Building: N773 Bldg 216 Date of Visit: 15 June

Contractor Personnel on Site:

1. John, James, Jose, Roger 2. Jake Paul

Work Performed: Replace IMP B-6 Circulation Pump

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

Service Orders - CWS 29048 WO N/A

Asset #	Qty	Asset Description
		Replace Pressure Valve
		Replace IMP B-6 Circulating Pump with new Pump

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Wayne

Signed: [signature] Date: 6/15/22

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: [signature]

Date: 15 JUNE 2021

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