

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

FACID/Building: NY23 330A

Date of Visit: 3/10/21

Contractor Personnel on Site:

1. TITO

2. PAUL

Work Performed: REPAIR FENCE & GATE

Preventive Maintenance -(Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders - CSS 29209 WO 12253

Asset #	Qty	Asset Description
		REPAIR GATE & FENCE W/
		BLDG 330A
		REPLACE YOKES
		STATIONARY POST & CROSS MEMBER
		FOR HANGING & REMOVAL

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WATKINS

Signed: [Signature]

Date: 3/10/21

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: 7 Mar 21

Signed: [Signature]

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

