

CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)
Building: 1123 Blue 121

FACID/Building: NK23 Bldg 124 Date of Visit: 5/26/21

Contractor Personnel on Site:

1. TFFO

2. PAUL

Work Performed: REPAIR WALK IN GATE

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

Service Orders -

655 30383 NO 12864

[illegible]

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Wayne

Signed:

Date: 5/26/24

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: 26 MAY 2021
Signed: [Signature]
E-Mail: LOUIS-A-CORBO-CTR@MAIL.MIL

