

CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)
Building: NY23 AL04 124

Contractor Personnel on Site:

Date of Visit: 6/2/2

1. TFD

2. PAUL / Solomon

Work Performed: REPAIR REPAIR REPAIR BUTTONS ON
Preventive Maintenance: BLOS INC

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

[illegible]

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jill W. W. W.

Signed: Jan Date: 1/2/12

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:

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Print Name/Rank: LOUIS CORBO Date: 7 JUNE 2021

Signed: [Signature]

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

