

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

FACID/Building: NY0023/B123 Date of Visit: 9/30/21

Contractor Personnel on Site:

1. Michael Sarro 2. _____

Work Performed: Removal and replacement of lighting fixture in supervisor's office

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

1. WO# 2-13973 _____

Service Calls – Service Call Number and Description

1. CSS# 31180 _____
2. CSS# _____
3. CSS# _____

Pictures are required (Before and After)

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Sarro Date: 9/30/21

Signed: Michael Sarro

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 AFOS Date: 9/30/21

Signed: Louis Corbo

E-Mail: louis.a.corbo.ctr@mail.mil

