

CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)
Building: NY22 Bldg 120 Date of Work: 3/1/2024

FACID/Building: NY 22 Bldg 120

Date of Visit: 3/8/22

Contractor Personnel on Site:

1. John S.

2.

Work Performed:

PERCUTANEOUS THERAPY

Preventive Maintenance - (Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders - *CBS 33782*

Service Orders.

CSS 33782 40/5577

[illegible]

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WOLFE

Signed: [Signature] Date: 3/8/22

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 Date: 8 MAR 22

Signed: [Signature]

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

Honeywell



Heat Off Cool
| | |

Fan
Auto On
| |