

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

FACID/Building: NY23 Bldg 200 Date of Visit: 7/21-7/23

Contractor Personnel on Site:

1. REVAU / Invited Areas 2. Javonne

Work Performed:

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

CSS 25521 WD 8708

Asset #	Qty	Asset Description
		REMOVE CEILING TILE REMOVE FURNITURE / SETUP FOR WORKS ON AIR SYSTEM
		REMOVE AND REPLACE SET OF PIPE PIPE (WTR) RE INSULATE PIPE CHECK FOR LEAKS REFR SYSTEM REPAIR CEILING REPLACE FURNITURE

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Weller Date: 7/20  
Signed: John Weller

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: 30 Jun 2020  
Signed: Louis Corbo  
E-Mail: Louis.A.Corbo.CTR@mail.mil

