

CERTIFICATION OF WORK

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

FACID/Building: _____ Date of Visit: 6/24/2019

Contractor Personnel on Site:

1. Michael Sarro 2. _____

Investigated Men's Locker Room Lighting
Work Performed: Discovered 1 defective Lighting controller
for the Ultrasonic/Infrared sensors.
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment
identification, etc.)

1. WO# 2-3396

Service Calls – Service Call Number and Description

1. CSS# 15647
2. CSS# _____
3. CSS# _____

 Pictures are required (Before and After)

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Sarro Date: 6/24/2019

Signed: _____

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: Robert Bennett Date: 6/24/2019

Signed: Robert Bennett

E-Mail: robert.p.bennett@state.gov