

**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 10 defective lighting controller  
for the ultra sonic/infrared sensors,  
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment  
identification, etc.)*

2-3396

1. WO#

**Service Calls** – Service Call Number and Description

15647

1. CSS# \_\_\_\_\_
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@w.ctcmail.mil