

CERTIFICATION OF WORK

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

FACID/Building: NY-058 #104 Date of Visit: 10/28/19

Contractor Personnel on Site:

1. TSG 2. _____

Work Performed:

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

Asset #	Qty	Asset Description
<u>CSS # 21411</u>		<u>W0# 2-56517</u>
		<u>9 TAGGED BALLASTS 2nd FLOOR AIR Handler</u>
		<u>Mechanical Room. 1st Floor By Cages</u>
		<u>8 TAGGED BALLASTS 3rd, 1st FLOOR HALLWAY IN</u>
		<u>Front of STAIRCASE C 1 Tagged Ballast.</u>
		<u>1st Floor mens Room 3 Tagged Ballasts -</u>
		<u>1st Floor 1 TAGGED BALLAST OFFICE AREA Enhanced</u>
		<u>2nd FLOOR 219 Bunk Room 4 Tagged</u>
		<u>BALLASTS - 2nd FLOOR 3 TAGGED BALLAST</u>
		<u>IN THE OUTER OFFICE AREA Rm 109</u>

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Wolfe Date: 10/28/19

Signed: Mike Wolfe

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: Kenneth Gonzalez Date: 10/28/19

Signed: 

E-Mail: Kenneth.Gonzalez.Ortiz.mil@marines.mil



EXIT



