

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

FACID/Building: NY0058/RM 111 Date of Visit: 3/10/2022

Contractor Personnel on Site:

1. Michael Sarro      2. \_\_\_\_\_

**Work Performed:** Repairs to de-energized receptacles in room 111.

**Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)**

1. WO# \_\_\_\_\_

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

1. CSS# **24084** \_\_\_\_\_  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

**Pictures are required (Before and After)**

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Michael Sarro      Date: 3/10/2022

Signed: Michael Sarro

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 RFOS      Date: 3/10/2022

Signed: Louis Corbo

E-Mail: louis.a.corbo.civ@army.mil

