

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

FACID/Building: PA 080-02

Date of Visit: 2-8-18

Contractor Personnel on Site:

1. FRANCIS SAPIENZA 2. \_\_\_\_\_

**Work Performed:**

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

1. WO# 2565, 2328, 2405-Backflow

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

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

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: FRANCIS SAPIENZA Date: 2-8-18

Signed: John Adam

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: SGT Navarre Date: 20180228

Signed: John

E-Mail: John.t.Navarre.mil@mail.mil