

BROOKVILLE, PA

CERTIFICATION OF WORK

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

FACID/Building: PA 011-01 Date of Visit: _____

Contractor Personnel on Site:

1. FRANCIS SAPIENZA 2. _____

Work Performed:

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

1. WO# 2459, 2383, 2593

Service Calls – Service Call Number and Description

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: FRANCIS SAPIENZA Date: 2-6-18

Signed: [Signature]

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 D. Coleman II / 4509 Date: 20180206

Signed: [Signature]

E-Mail: robert.d.coleman54.civ@mail.mil