

### CERTIFICATION OF WORK

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

FACID/Building: NY23 Bldg 123 ANSF

Date of Visit:

5/23/23

Location Address: FT TOTTEN RD

Contractor Personnel on Site:

MIKE, ANTHONY

Work Performed: DIAGNOSE PROBLEM WITH LEAKING TRANS VALVE

Service Calls - PO/CSS# SR MANTIS ROOM

C3195292 WO 22138 PB 10008-1026

Please take pictures and send with quote

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To be signed by the Contractor:

Print Name: John Walker

Date: 5/23/23

Signed: John

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site.

Print Name/Rank: PETER COMITO AFOS Date: MAY 23 2023

Signed: Peter

Email: PETER.D.COMITO.CTR@RAY.MIL

