

| CERTIFICATION OF WORK   |                                 |
|---|---------------------------------|
| (To be completed by the Contractor and saved in the Contractor's CMMS)                  |                                 |
| FACID/Building: <u>NY29 0405 206</u>  | Date of Visit: <u>7/11 8/11</u> |
| Location Address: <u>FT TOTTEN MD</u>   |                                 |
| Contractor Personnel on Site:   |                                 |
| <u>Tommy / Tomm-1</u>   |                                 |
| Work Performed: <u>ADDITIONAL PRECIP 022 12 LBs NEEDED</u>                              |                                 |
| Service Calls - PO/CSS# <u>018 84241 WO 33340 PO 10004-1087</u>                         |                                 |
| Please take pictures and send with quote  |                                 |
| CERTIFICATION OF WORK   |                                 |
| To be signed by the Contractor:   |                                 |
| Print Name: <u>John Worm</u>  | Date: <u>9/11/20</u>            |
| Signed: <u>John</u>   |                                 |
| To be signed by Facility Manager:   |                                 |
| I certify that the above named individuals representing the Contractor arrived on site. |                                 |
| Print Name/Rank: <u>Louis Corbin</u>  | Date: <u>Sept 11, 2020</u>      |
| Signed: <u>Louis Corbin</u>   |                                 |
| Email: <u>Louis.A.Corbin.civ@Army.mil</u>   |                                 |

