

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

FACID/Building: NY25 RMO5 121CA10078 Date of Visit: 9/12/23

Location Address: FT TOTON NV

Contractor Personnel on Site: EMERGENCY OCCUPANT
Jimmy / Tamm-1

Work Performed: PTMS LEAKING SPURT A/C IN LOMMO ROOM

Service Calls - PO/CSS#
CSS95071 WD24293 PO100041038

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WILSON Date: 9/12/23

Signed: [Signature]

To be signed by Facility Manager:

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

Print Name/Rank: LOUIS CORBIN Date: Sept 12, 2023

Signed: [Signature]

Email: LOUIS - A. CORBIN - CIV @ ARMY.MIL

