## CERTIFICATION OF WORK

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

FACID/Building: N4023 BUILDING 200 Date of Visit: 10/14/20

Location Address: 118 DUANE ROAD ROOM 3012
BAYSIDE, NY [redacted]

Contractor Personnel on Site:

CARL CAMPBELL

Work Performed: DRILL TO REMOVE [redacted] PADLOCK
RESET COMBO ON [redacted] SIMPLEX 900 LOCK

Service Calls – PO/CSS#

Please take pictures and send with quote

## CERTIFICATION OF WORK

**To be signed by the Contractor:**

Print Name: CARL CAMPBELL Date: 10/14/20

Signed: Carl Campbell

**To be signed by Facility Manager:**

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

Print Name/Rank: Louis Corbo AFOS Date: 10/14/20

Signed:

Email: Louis.M.Corbo.CTR@mail.mil


3012