

CERTIFICATION OF WORK

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

FACID/Building: NY23 ORG

Date of Visit: 6/10/21

Location Address: PT TOWEN NJ

Contractor Personnel on Site:

LOG ITSM

Work Performed: REPLACE HEATING/AC COIL IN CEILING

Service Calls - PO/CSS#

CSS 300275 URG 1/27/21

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WOODMAN

Date: 6/10/21

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 CORRADO AFOS

Date: 10 June 21

Signed: [Signature]

Email: LOUIS.A.CORRADO-CTR@MAIL.MIL



