

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

FACID/Building: NIKE MASH ENTRANCE Date of Visit: 9/29
 Location Address: SHOREHAM NY

Contractor Personnel on Site:
TRIO ROBERT SAM

Work Performed: REPAIRING FRONT ENTRANCE GATE
 Service Calls - PO/CSS# 655 70119 WO 14112

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:
 Print Name: JOHN WATKINS Date: 9/29/22
 Signed: [Signature]

To be signed by Facility Manager:
 I certify that the above named individuals representing the Contractor arrived on site.
 Print Name/Rank: LARRY SCARNO AFCS Date: 03 SEP 2022
 Signed: [Signature]
 Email: LARRY.SCARNO@STA.MA.I.N.I

