

CERTIFICATION OF WORK

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

FACID/Building: NY23 ONE Rm 171

Date of Visit: 9/13/21

Location Address: 69 TOTTEN NY

Contractor Personnel on Site:

JOHN S STEVEN JR

Work Performed: REPLACE LEAKY B/F DEVICE

Service Calls – PO/CSS#

CSS 32219 WORK 63

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WORTON

Date: 9/13/21

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 CORBO AFOS

Date: 13 Sep 2021

Signed: [Signature]

Email: LOUIS.A.CORBO-CTA@MAIL.MIL

