

CERTIFICATION OF WORK

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

FACID/Building: NK23 BLDG/28

Date of Visit: 8/15/21

Location Address: FT TOTTEN

Contractor Personnel on Site:

RECIT

Work Performed: Repair o/H Door

Service Calls – PO/CSS#

CSS 3252 WO 14815

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Connor

Date: 8/18/21

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: _____

Signed: [Signature]

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

