



CERTIFICATION OF WORK	
(To be completed by the Contractor and saved in the Contractor's CMMS)	
FACID/Building: <u>MP23 BROSSE 12</u>	Date of Visit: <u>12/6/20</u>
Location Address: <u>FT TOTTEN</u>	
Contractor Personnel on Site: <u>Tom & Gabe</u>	
Work Performed: <u>REPAIR + REPAIR FAN COIL UNIT</u>	
Service Calls - PO/CSS# <u>611 73584 WD 15570</u>	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name: <u>TOMMY WORTH</u>	Date: <u>12/6/20</u>
Signed: <u>[Signature]</u>	
To be signed by Facility Manager:	
I certify that the above named individuals representing the Contractor arrived on site.	
Print Name/Rank: <u>LOUIS CORNO AFOS</u>	Date: <u>6 Dec 2020</u>
Signed: <u>[Signature]</u>	
Email: <u>LOUIS.A.CORNO-CTR@mail.mil</u>	