



CERTIFICATION OF WORK (To be completed by the Contractor and saved in the Contractor's CMMS)	
FACID/Building: <u>NY23 BMSA 02</u>	Date of Visit: <u>12/6/2021</u>
Location Address: <u>PT TOWER</u>	
Contractor Personnel on Site: <u>Tom &amp; Gals</u>	
Work Performed: <u>REMOV &amp; RECOAT PAN COIL UND</u>	
Service Calls – PO/CSS# <u>CS 73584 WD 15570</u>	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name: <u>Tom Wally</u>	Date: <u>12/6/21</u>
Signed: <u>pw</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 Corrao AFOS</u>	Date: <u>6 Dec 2021</u>
Signed: <u>Louis Corrao</u>	
Email: <u>Louis.A.Corrao.CTR@mail.mil</u>	