

CERTIFICATION OF WORK

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

FACID/Building: NY023 PR, TOTEN Date of Visit: 12/21/21

Location Address: 118 DUANE RD, NY, NY

BUILDING 200, SUPR ROOM #1044

Contractor Personnel on Site:

CARL CAMPBELL

Work Performed: HAMILTON BLUE LABEL IP CONTAINER
SN# 12984MP OPEN, REPAIR, INSTALL
X-10 LOCK

Service Calls – PO/CSS#

CSS33690

Please take pictures and send with quote NO PICTURES ALLOWED IN
SECURITY INFO ROOM.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CARL CAMPBELL Date: 12/21/21

Signed: Carl Campbell

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site.

Print Name/Rank: X Louis Carraz AFOS Date: 12/21/21

Signed: X Louis Carraz

Email: Louis-A-Corraz-CIR @ mail-mil