

CERTIFICATION OF WORK (To be completed by the Contractor and sent to the Contractor's CHMS)	
FACID/Building: <u>1469 Bldg 106</u>	Date of Visit: <u>2/11/20</u>
Location Address: <u>FT TROTTER</u>	
Contractor Personnel on Site: <u>JOHN & STEVE SN</u>	
Work Performed: <u>REMOVE DEFECTIVE FAN</u>	
Service Calls - POCSIS <u>CALL PAGE 2401534</u>	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name: <u>JOHN WHITE</u>	Date: <u>2/11/20</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 CUNDA AFOS</u>	Date: <u>2/11/20</u>
Signed: <u>[Signature]</u>	
Email: <u>LOUIS.A.CUNDA@TAFPM1.MIL</u>	

