

CERTIFICATION OF WORK

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

FACID/Building: NY23 BLDG 330

Date of Visit: 31 APR 22

Location Address: FT TOTTEN NY

Contractor Personnel on Site:

TIGIO, JAMES

Work Performed: REPLACE BROKEN WINDOW

Service Calls – PO/CSS#

CSS 34605 WD 1662X

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WOLTER

Date: 4/4/22

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 CANISO RFOS Date: 4 APR 2022

Signed: [Signature]

Email: LOUIS - A - CANISO.CIV@ARMY.MIL







