

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

FACID/Building: NV29 Drop 123 Date of Visit: 10/12/22
 Location Address: FT TUSTON NY

Contractor Personnel on Site:
Jim, Tim, Chmuel, Scott

Work Performed: Replaced ceiling coil/Heater/AC
 Service Calls - PO/CSS#
ASC 24857 WO 16246

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN NORMAN Date: 10/12/22
 Signed: [Signature]

To be signed by Facility Manager:
 I certify that the above named individuals representing the Contractor arrived on site.

Print Name/Rank: Lance Canale RFS Date: October 12, 2022
 Signed: [Signature]
 Email: Lance.Canale@ny.navy.mil

