

CERTIFICATION OF WORK

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

FACID/Building: NY 23 GATES

Date of Visit: 9/20/22

Location Address: FT TOTTEN WY

Contractor Personnel on Site:

TITO, PAUL

Work Performed: FABRICATE + INSTAL LOCKS ON GATE CONTROL
BOX

Service Calls - PO/CSS#

CSS 89627 WO 16217

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WOLTRIE

Date: 9/20/22

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 CORRALO RFO S

Date: SEP 20, 22

Signed: [Signature]

Email: LOUIS - 19 - CORRALO.CIV@ARMY.mil

