

CERTIFICATION OF WORK

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

FACID/Building: Fort Totten Date of Visit: 10-14-22

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Nick LaRusso</u> | 4. _____ |
| 2. <u>Keith Pearson</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

- | | |
|-----------------------|-------|
| 1. <u>CSS - 89645</u> | _____ |
| 2. <u>WO - 19218</u> | _____ |
| 3. <u>EST - 2070</u> | _____ |

Replaced All Access Control Head END Parts re-programmed & tested.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Keith Pearson Date: 10-14-22

Signed: [Signature]

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: P COMITO Date: 10-14

Signed: [Signature]

E-Mail: _____

