

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 LoRusso</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: Keith Pearson

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 Com 1 TO Date: 10-14

Signed: [Signature]

E-Mail: _____

