

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

FACID/Building: NY29 RIVERLY Date of Visit: 8 Feb 23
 Location Address: ET TOTTEN NY

Contractor Personnel on Site:
STAN PATROWI

Work Performed: REPAIR MUSHROOM VENT AND RESERVE AIR VENT
 Service Calls - PO/CSS# 61310570 WND 20192

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WOHNA Date: 10 Feb 23
 Signed: [Signature]

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

Print Name/Rank: PETER COMITO AFOS Date: FEB-MAR 10, 2023
 Signed: [Signature]
 Email: PETER.D.COMITO@CRSARMY.MIL

