

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

PACID/Building: W29 B03 121 Date of Visit: 11/27/22
Location Address: FT TOTTEN

Contractor Personnel on Site:
Frank, AM

Work Performed: REPAIR 4x4 DOOR & SILENS
Service Calls - PO/CSS# CDS BSY W018271

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:
Print Name: JOHN WAGNER Date: 11/27/22
Signed: AM

To be signed by Facility Manager:
I certify that the above named individuals representing the Contractor arrived on site.
Print Name/Rank: Laura Cawse RFS Date: November 26, 2022
Signed: Frank, AM
Email: Laura.Cawse.CIV@DODGE.MIL

