

CERTIFICATION OF WORK	
(To be completed by the Contractor and saved in the Contractor's CMMS)	
FACID/Building: <u>W23 Bldg 123 Rm 14</u>	Date of Visit: <u>7/10/17</u>
Location Address: <u>FT TOTTEN NV</u>	
Contractor Personnel on Site: <u>TECO, PAUL, JELMAN</u>	
Work Performed: <u>REPLACE SAFETY COIL</u>	
Service Calls - PO/CSS# <u>6098824 NO 20153</u>	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name: <u>John W. Brown</u>	Date: <u>7/11/17</u>
Signed: <u>[Signature]</u>	
To be signed by Facility Manager:	
I certify that the above named individuals representing the Contractor arrived on site.	
Print Name/Rank: <u>PETER CAMITO AFS</u>	Date: <u>March 16, 2018</u>
Signed: <u>[Signature]</u>	
Email: <u>PETER.D.CAMITO.CTR@AFPMIL</u>	

