

CERTIFICATION OF WORK	
(To be completed by the Contractor and saved in the Contractor's CMMS)	
FACID/Building: <u>W23 Bldg 123 AM 4</u>	Date of Visit: <u>3/16/17</u>
Location Address: <u>FT TOTTEN NV</u>	
Contractor Personnel on Site:	
<u>TEFO, PAUL JERMA</u>	
Work Performed: <u>REPLACE SAFETY COIL</u>	
Service Calls - PO/CSS# <u>651947A NO 20183</u>	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name: <u>Peter Lantos</u>	Date: <u>3/16/17</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 LANTOS AFSC</u>	Date: <u>March, 16, 2017</u>
Signed: <u>[Signature]</u>	
Email: <u>PETER.LANTOS.GRAF@DOD.DOD.MIL</u>	

