

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

FACID/Building: Fort Totten Date of Visit: 12-14-22

Contractor Personnel on Site:

1. <u>Keith Pearson</u>	4. _____
2. <u>NICK Ia Russo</u>	5. _____
3. <u>PAUL Ia Russo</u>	6. _____

Service Calls – Service Call Number and Description

1. <u>CSS # 90937</u>
2. <u>WO # 20195</u>
3. <u>EST # 2143</u>

Replaced Reader @ main entrance of Bld 206

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Keith Pearson Date: 12-14-22

Signed: 

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: _____ Date: _____

Signed: _____

E-Mail: _____

**SMOKING
FACILITY**

COMPLIANCE WITH THE
LAW IS MANDATORY.
SMOKING IS AUTHORIZED
IN OUTDOOR DESIGNATED
SMOKING AREAS ONLY.

