

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 Lo Russo</u> | 5. _____ |
| 3. <u>PAUL Lo 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.

