

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

FACID/Building: NY23 Bldg 125 Date of Visit: 16 Dec 22  
 Location Address: FT DOTTEN NY

Contractor Personnel on Site:  
JOHN G. STEVEN

Work Performed: REPAIR D THERMOSTAT VALVE, ROOM 402  
 Service Calls - PO/CS# CS690540 WS 20157

Please take pictures and send with quote

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CERTIFICATION OF WORK

To be signed by the Contractor:  
 Print Name: TIM WATSON Date: 12/16/22  
 Signed: [Signature]

To be signed by Facility Manager:  
 I certify that the above named individuals representing the Contractor arrived on site.  
 Print Name/Rank: LOUIS CLARKE RFS Date: Danmon/14/22  
 Signed: [Signature]  
 Email: LOUIS.A.CLARKE.CIV@army.mil

