



CERTIFICATION OF WORK (To be completed by the Contractor and saved in the Contractor's CMMS)	
FACID/Building: <u>N73 Bldg 128</u>	Date of Visit: <u>12/18/22</u>
Location Address: <u>FT DOWEN</u>	
Contractor Personnel on Site: <u>JOHN, STEPHAN</u>	
Work Performed: <u>REPLACING LEAKY SINK FAUCET/HANDLE</u>	
Service Calls - PO/CSS# <u>CS590843 WO 20200</u>	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name: <u>DAN WATTS</u>	Date: <u>12/12/22</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>LEWIS, GREGORY RFS</u>	Date: <u>Dec 12, 2022</u>
Signed: <u>[Signature]</u>	
Email: <u>LEWIS.GREGORY@AFMIL</u>	