

CERTIFICATION OF WORK

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

FACID/Building: AV23 Bldg 330A

Date of Visit: 2/27/23

Location Address: FT TOTTEN NY

Contractor Personnel on Site:

FRANK PAUL JOHN STEPHEN

Work Performed: REMOVE APPARATOR REMOVE FROM REPAIR FLOOR
REPAIR FLOOR TILE RESET APPARATOR

Service Calls - PO/CSS#

CSS 91482 WO 20619

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WOLLEN

Date: 2/27/23

Signed: [Signature]

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site.

Print Name/Rank: PETER COMITO DFAS Date: February 2, 2023

Signed: [Signature]

Email: PETER.D.COMITO.CTR@ARMY.MIL



