

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

Facility Building: NY 23 DIA 128 B106 Date of Visit: 7/11/22  
 Location Address: ET Tower

Customer Personnel on Site:  
BRUNNEN, S. 07/11/22

Work Performed: Repair defective valves to RAC area 100  
 Service Calls - FOCSS  
CL 94154 WS 30122

Please take pictures and send with quote

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**CERTIFICATION OF WORK**

To be signed by the Contractor:  
 Print Name: JOHN MURPHY Date: 7/11/22  
 Signed: [Signature]

To be signed by Facility Manager:  
 I certify that the above named individuals representing the Contractor arrived on site.  
 Print Name/Rank: PETER CANTO AFSC Date: 7/11/22  
 Signed: [Signature]  
 Email: PETER.CANTO@AFSC.MIL

