

CERTIFICATION OF WORK

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

FACID/Building: NY023 - 337

Date of Visit: 2/16/23

Location Address: Fort Totten

Contractor Personnel on Site:

DEEN ROWE

Work Performed: g Replaced drain assembly and drain line for faucet in
Unisex bathroom.

Service Calls - PO/CSS# 92205

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Deen Vaughn Rowe

Date: 2/16/23

Signed: [Signature]

To be signed by Facility Manager:

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

Print Name/Rank: P COM 170

Date: 2/16/23

Signed: [Signature]

Email: PETER, J. COM, 170 .CIR 6ARMY.MR

