

CERTIFICATION OF WORK

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

FACID/Building:

NY23 Bldg 206

Date of Visit:

3/15/23

Location Address:

FT Totten NY

Contractor Personnel on Site:

FRANK, PAUL

Work Performed: replace pool cover Am 107

Service Calls - PO/CSS#

CSS 82277 NO 21650

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WITHE

Date: 3/15/23

Signed: John

To be signed by Facility Manager:

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

Print Name/Rank: PETER COMITO AFOS Date: 15 MARCH 2013

Signed: O.S.

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

