



CERTIFICATION OF WORK	
[To be completed by the Contractor and saved in the Contractor's CMMS)	
FACID/Building: <u>W12 BLDG 3000 C09 B06</u> Date of Visit: <u>3/10/23</u>	
Location Address: <u>PT FETTER DR</u>	
Contractor Personnel on Site: <u>John S. & Steiner</u>	
Work Performed: <u>BAVANCED RADIATOR, REVERSE STEAM VALVE</u>	
Service Calls - PO/CSS# <u>2115277 WO 2187</u>	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name:	<u>TOM WILSON</u>
Signed:	<u>AS</u>
Date: <u>3/10/23</u>	
To be signed by Facility Manager:	
I certify that the above named individuals representing the Contractor arrived on site.	
Print Name/Rank:	<u>PETER LAMITTA AFOS</u>
Signed:	<u>PL</u>
Date: <u>MARCH 10TH 2023</u>	
Email: <u>PETER.LAMITTA.CT.GOV.MIL</u>	