

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

FACID/Building: <u>NY023 #128</u>	Date of Visit: <u>5/17/23</u>
Location Address: <u>FT. TOTTEN 118 DUANE RD.</u> <u>NEW YORK NY</u>	
Contractor Personnel on Site: <u>CARL CAMPBELL</u>	
Work Performed: <u>2ND FLOOR DPW ENTRY DOOR - FURNISH AND INSTALL NEW PUSH BUTTON LOCK AND NEW EXIT DEVICE.</u>	
Service Calls - PO/CSS# <u>CSS# 92990</u>	
Please take pictures and send with quote	

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CARL CAMPBELL Date: 5-17-23
 Signed: Carl Campbell

To be signed by Facility Manager:

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

Print Name/Rank: P. COMITO Date: 5-17-23
 Signed: [Signature]
 Email: PETER.D.COMITO.ctr@ARMY-MIL

#17462
 Job
 ARMY RESERVE NY023 FORT TOTTEN 118 DUANE ROAD BAYSIDE, NY 11359
 5/17/2023 4:15 PM
 Arx Lock & Alarm Inc.

