

CERTIFICATION OF WORK	
(To be completed by the Contractor and saved in the Contractor's CMMS)	
FACID/Building:	<u>NY13 BLDG 320A</u>
Location Address:	<u>FT Totten</u>
Date of Visit: <u>5/1/23</u>	
Contractor Personnel on Site:	
<u>MARIA</u>	
Work Performed: <u>REPAIR URINAL, DRAIN PROBLEM IN BACRO</u>	
Service Calls – PO/CSS# <u>18592086 NO 21785 PO 1000Y-1008</u>	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name:	<u>John W. Wynn</u>
Signed:	<u>John</u>
Date:	<u>5/1/23</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 COMITO AFOS</u>
Signed:	<u>Peter Comito</u>
Date:	<u>MAY 4 2023</u>
Email:	<u>PETER.D.COMITO.CTR@ARMY.MIL</u>

