

CERTIFICATION OF WORK

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

FACID/Building: N423 Bldg 206

Date of Visit: 7/20

Location Address: FT TOTTEN NT

Contractor Personnel on Site:

TFTO, Rosen

Work Performed: REPAIR UPPER PANELS LOT GAR

Service Calls – PO/CSS#

CSS 931 WO 17654

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WALKER

Date: 7/22/20

Signed: [Signature]

To be signed by Facility Manager:

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

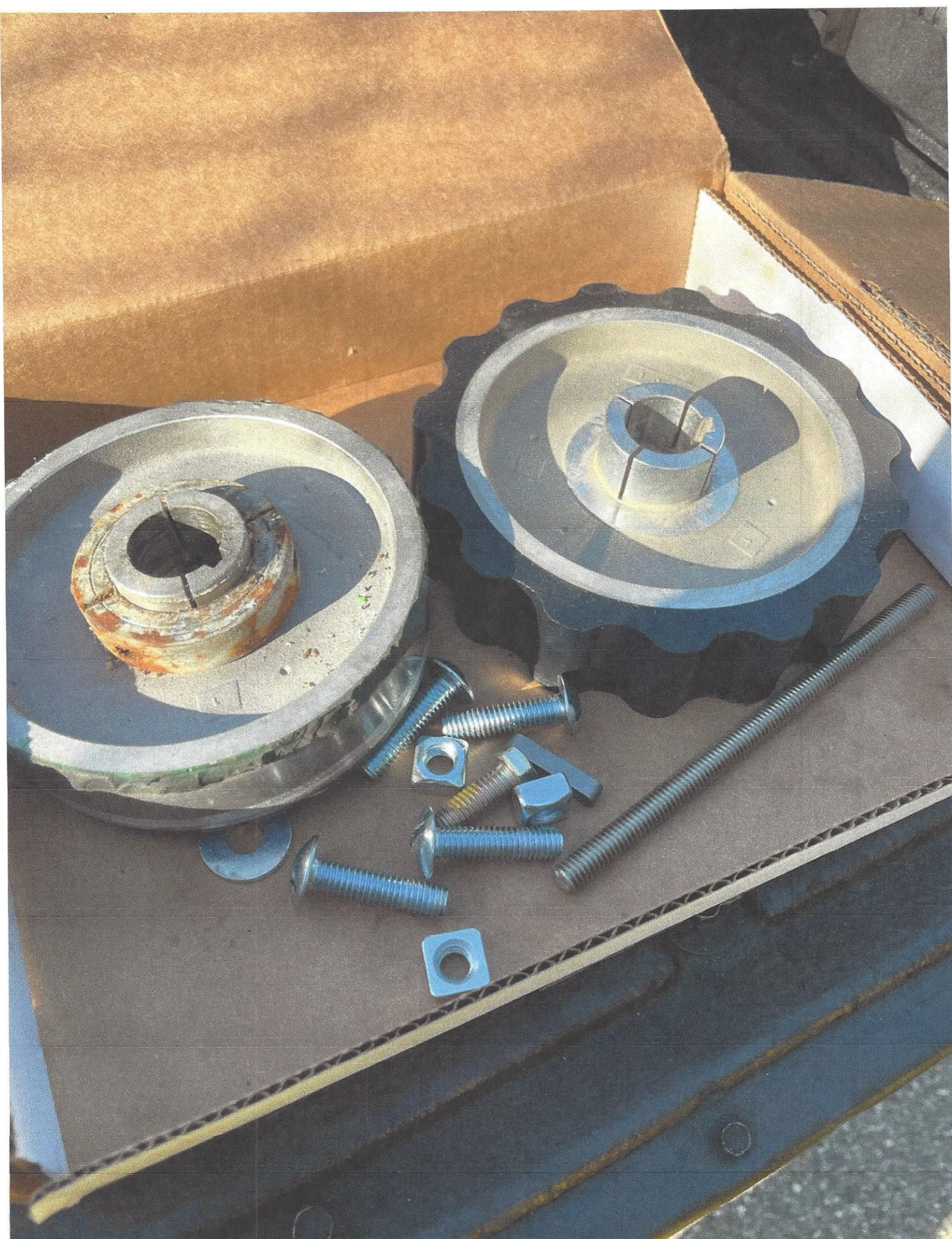
Print Name/Rank: LOUIS GUERRO RFOS

Date: 22 JUL 22

Signed: [Signature]

Email: LOUIS - A - CDRPO.CIV@ARMY.MIL

















EATON SYMTEL

310-04 SAE 100R2 1/4" U.P. 3000 P.S.I. (207 BAR) 1-1/2"

148223

11000 TEF