

CERTIFICATION OF WORK

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

FACID/Building: NY23 Bldg 330A RM 103 Date of Visit: 5/24/23

Location Address: FT TOTTEN MD

Contractor Personnel on Site:

AWL

Work Performed: INSTALL HHRP on commo Box

Service Calls – PO/CSS#

05093262 W022122

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tolka Norton Date: 5/24/23

Signed: 

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 MAY 24, 2023

Signed: 

Email: PETER.D.COMITO.CT@AFSFC.MIL



