

# CERTIFICATION OF WORK

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

FACID/Building: NY 23 BSCOS 123 AMSA

Date of Visit: 5/23/23

Location Address: 12 ALUWA 4  
FT TOTTEN NY

Contractor Personnel on Site:

JEM, ANTHONY

Work Performed: INSPECT O/H TRAWNE HVAC UNIT

Service Calls - PO/CSS#

ESS 97609 WO 2270

Please take pictures and send with quote

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WILKIE

Date: 5/23/23

Signed: [Signature]

To be signed by Facility Manager:

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

Print Name/Rank: PETER COMITO AFAS

Date: 23 MAY 2023

Signed: [Signature]

Email: PETER.D.COMITO.CTR@ARMY.MIL







