

CERTIFICATION OF WORK	
(To be completed by the Contractor and saved in the Contractor's CMMS)	
FACID/Building: <u>NY23 0203 206</u>	Date of Visit: <u>6/15/23</u>
Location Address: <u>55 TOTTEN</u>	
Contractor Personnel on Site:	
<u>Jim, Assistant</u>	
Work Performed: <u>Run DFO on A/C system</u>	
Service Calls – PO/CSS# <u>056 12787 wo 22723 PO 100041047</u>	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name: <u>JOHN WILSON</u>	Date: <u>6/15/23</u>
Signed: <u>John</u>	
To be signed by Facility Manager:	
I certify that the above named individuals representing the Contractor arrived on site.	
Print Name/Rank: <u>Louis Corbo</u>	Date: <u>JUNE 15, 2023</u>
Signed: <u>Louis Corbo</u>	
Email: <u>Louis.A.Corbo.CIV@Army.mil</u>	

