

**CERTIFICATION OF WORK**  
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: WIS PHS 200 Date of Visit: 7/15/23  
 Location Address: KT TOWSON

Contractor Personnel on Site:  
SEAN + ANGELO + PAUL, 506

Work Performed: REPAIR COMPRESSOR  
 Service Calls - PO/CSS#: 0619341-4023316 PA 10004-1050

Please take pictures and send with quote

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: JOHN WALKER Date: 7/15/23  
 Signed: [Signature]

To be signed by Facility Manager:  
 I certify that the above named individuals representing the Contractor arrived on site.

Print Name/Rank: LEWIS GORDON Date: JULY 15TH 2023  
 Signed: [Signature]  
 Email: LEWIS.GORDON@AECU.MIL

