

CERTIFICATION OF WORK	
(To be completed by the Contractor and saved in the Contractor's CMMS)	
FACID/Building: <u>NY23 Bldg 330A</u>	Date of Visit: <u>7/13/23</u>
Location Address: <u>FT TOTTEN</u>	
Contractor Personnel on Site: <u>PEP</u>	
Work Performed: <u>SWAKE SHAFT-DRAINAGE RASANT LATHE</u>	
Service Calls - PO/CSS# <u>CS 94090 WD 29225 PO 10008-1049</u>	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name: <u>JOHN WATSON</u>	Date: <u>7/13/23</u>
Signed: <u>[Signature]</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 GORDON</u>	Date: <u>JULY 17 2017</u>
Signed: <u>[Signature]</u>	
Email: <u>LOUIS.A.GORDON.CIV@ARMY.MIL</u>	

