

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

FACID/Building: N23 Bldg 9300 Date of Visit: 10 JUL 23  
 Location Address: KT 10100

Contractor Personnel on Site:  
SUNAN

Work Performed: REPLACE SLOAN Flushometer Pumps  
 Service Calls - PO/CSS#  
611 6216 WO 2735 PO/2024187

Please take pictures and send with quote

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**CERTIFICATION OF WORK**

To be signed by the Contractor:  
 Print Name: JOHN NGUYEN Date: 10/16/23  
 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: JUL 10 2023  
 Signed: [Signature]  
 Email: LEWIS.G.GORDON@NAVY.MIL

