

CERTIFICATION OF WORK

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

FACID/Building: NY 23

Date of Visit: 8/30

Location Address: FT TOTTEN NY

Contractor Personnel on Site:

PANNA, IACT, DEAN

Work Performed: B/F DEVICE INSPECTION 2022

Service Calls – PO/CSS#

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN MOHRE

Date: 8/30

Signed: _____

To be signed by Facility Manager:

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

Print Name/Rank: LOUIS CARLISO RFO S Date: August 30, 2022

Signed: [Signature]

Email: LOUIS - A - CARLISO.CIV@ARMY.MIL

