

CERTIFICATION OF WORK

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

FACID/Building: 04423

Date of Visit:

8/30

Location Address: FT Totten NY

Contractor Personnel on Site:

DANNY, IArt, Dev

Work Performed: B/F Device Intervention 2022

Service Calls – PO/CSS#

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WATKINS

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: Lewis Camino RFOs Date: August 30 2022

Signed: Lewis Camino

Email: Lewis.m. Camino.CIV@Army.mil

