

CERTIFICATION OF WORK	
(To be completed by the Contractor and saved in the Contractor's CMMS)	
FACID/Building: <u>058/200</u>	Date of Visit: <u>4/28/21</u>
Location Address: <u>200 ROUTE 25A</u> <u>SHOREHAM, NY 11786</u>	
Contractor Personnel on Site: <u>CARL CAMPBELL</u>	
Work Performed: <u>SIPR ROOM = INSPECT OPERATION AND CHANGE</u> <u>COMBO ON CDX-09 LOCK</u>	
Service Calls – PO/CSS# _____	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name: <u>CARL CAMPBELL</u>	Date: <u>4/28/21</u>
Signed: <u>Carl Campbell</u>	
To be signed by Facility Manager:	
I certify that the above named individuals representing the Contractor arrived on site.	
Print Name/Rank: <u>Dai X Fan / GS9</u>	Date: <u>4/28/21</u>
Signed: <u>[Signature]</u>	
Email: <u>xi-fan.dai.civ@mail.mil</u>	

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my Reserve Center 200 Route 25A Shoreham, NY 11786-2104
2021 10:35 AM
Lock & Alarm Inc.

