

CERTIFICATION OF WORK

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

FACID/Building: NY 58 MAIN

Date of Visit: 8/5/21

Location Address: SITOREHAM NY

Contractor Personnel on Site:

PHIL, JIM, STEVE, ROGER

Work Performed: REPLACE 25 TON COMPRESSOR

Service Calls - PO/CSS#

CSS 31009 WO 13350

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: TOMMY WOFFALE

Date: 8/10/21

Signed: [Signature]

To be signed by Facility Manager:

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

Print Name/Rank: LOUIS CORBO AFOS

Date: 13 AUG 2021

Signed: [Signature]

Email: LOUIS.A.CORBO-CTA@MAIL.MIL

