

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

FACID/Building: NYSD FLS Pump House Date of Visit: 12/3/21
 Location Address: Shenandoah, NY

Contractor Personnel on Site:
Will, Tom

Work Performed: REPAIR DEFECTIVE ZEN HYDROT HEATER
 Service Calls - PO/CSS# CSS 72261 WO 1493

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:
 Print Name: JOHN WILSON Date: 12/3/21
 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 CORRAO AFO Date: 3 Dec 2021
 Signed: [Signature]
 Email: LOUIS.A.CORRAO-CTR@MAIL.MIL

