

CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)
FACILITY: Shoreham, NY Date of Visit: 4-3-23
Contractor Personnel on Site:
1. Kelly Reaven 4. _____
2. Dave LoRusso 5. _____
3. _____ 6. _____
Service Calls - Service Call Number and Description
1. _____
2. _____
3. _____
while on site unit did not fail. After metering loop
radio found it to be defective replaced w/ new. All
functioning. Normal end of departure
CERTIFICATION OF WORK
To be signed by the Contractor:
Print Name: Kelly Reaven Date: 4-3-23
Signed: _____
To be signed by Facility Manager:
By signing this Certification of Work, the said government representative's signature does not
constitute an endorsement of the Contractor's work. The Contractor, by signing this contract, acknowledges that the
contractor was on site during the described function.
Print Name/Print: Domingo Rivera Date: 03 APR 2023
Signed: Domingo
E-Mail: domingo.rivera@nyc.mil/Banyon

