

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

FacID/Building: NYCP OWS/Harbor Date of Visit: 8/14/20
Location Address: Staten Island UCARE

Contractor Personnel on Site:
Bob G.

Work Performed: Reversed gravity injection of oil/grease
Service Calls - PO/CS#

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:
Print Name: Bob G. Date: 8/14/20
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 Gerasi Date: 15 AUGUST 2012
Signed: [Signature]
Email: Louis.Gerasi.CIV@Army.mil



