

CERTIFICATION OF WORK

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

FACID/Building: New Windsor Date of Visit: 9-22-22

Contractor Personnel on Site:

- | | |
|--------------------------|----------|
| 1. <u>Keith Pearson</u> | 4. _____ |
| 2. <u>Austin CLARMAN</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

- | | |
|-----------------------|-------|
| 1. <u>CSS - 89824</u> | _____ |
| 2. <u>WO - 14355</u> | _____ |
| 3. <u>Est - 2093</u> | _____ |

Replaced media Convertors for Guard desk
monitor

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Keith Pearson Date: 9-22-22

Signed: 

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: _____ Date: _____

Signed: NO ONE Available

E-Mail: _____