

CERTIFICATION OF WORK

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

Albany 001

FACID/Building: _____ Date of Visit: **9/15/2021**

Contractor Personnel on Site:

1. **Michael Burdick**

2. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. _____

Service Calls – Service Call Number and Description

1. CSS# **wo14858 css27796 Libts out through building**

2. CSS# _____

3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Michael Burdick
Print Name: _____ Date: **9/15/2021**

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: **Mike Moseman** Date: **9/17/2021**

Signed: **Michael Moseman**

E-Mail: **michael.moseman.ctr@mail.mil**