

**CERTIFICATION OF WORK**

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

FACID/Building: NY011 Bullville Date of Visit: 5/23/23  
AMSA

Contractor Personnel on Site:

1. David Hinnrichs 2. Armistead.  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_

**Work Performed:**

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

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

**Inspection, Testing, and Certification**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

**Other Recurring Services**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

**Service Calls** – Service Call Number and Description

1. 5/23. DH. Remove motor starter to match for new. Mark wires.  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**Over and Above Repair Work – Order Number and Description of Work Completed**

CSS 93080. WO 21782

NY011 Bullville AMSA

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To be signed by the Contractor:

Print Name: David Hinnrichs Date: 5/23/23

Signed: 

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_