

CERTIFICATION OF WORK

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

FACID/Building: Albany 001 Date of Visit: 5/19/2021

Contractor Personnel on Site:

1. Michael Burdick 2. _____

Work Performed:

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

1. Ice machine, refrigerator, water heater, Emergency lights

Service Calls – Service Call Number and Description

1. CSS# _____
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Burdick Date: 5/24/2021

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: Michael Moseman Date: _____

Signed: _____

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