

CERTIFICATION OF WORK

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

FACID/Building: Albany 001 Date of Visit: 7/25/2021

Contractor Personnel on Site:

1. Michael Burdick 2. _____

Work Performed:

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

1. kitchen sink, toilet, shower, lavatory, overhead doors

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: 7/25/2021

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:

Michael Moseman

Print Name/Rank: _____ Date: _____

Signed: Michael Moseman

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