

CERTIFICATION OF WORK

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

FACID/Building: Albany 001 Date of Visit: 9/23/2020

Contractor Personnel on Site:

1. Mike Burdick

2. Mike Moseman

Work Performed:

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

1. Quarterly, and Monthly

Service Calls – Service Call Number and Description

1. CSS#_____

2. CSS#_____

3. CSS#_____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Burdick Date: 9/23/2020

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 / AFOS Date: 9/24/2020

Signed: michael Moseman

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