

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: NY16 Date of Visit: 4/22/21

Contractor Personnel on Site:

1. ERIC TAYLOR
2. _____
3. _____
4. _____

Work Performed:

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

1. GSA parking lot door lock cylinders serviced. Confirmed
2. all provided keys were working
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Eric Taylor Date: 4/22/21

Signed: Eric Taylor

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: Peter Boyle RFOs Date: 22 APR 21

Signed: Peter Boyle

E-Mail: Peter.J.Boyle1.CIV@MAIL.MIL