

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

FACID/Building: **Plattsburgh 054** Date of Visit: **9/17/2021**

Contractor Personnel on Site:

1. **Michael Burdick** 2. _____

Work Performed:

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

1. _____

Service Calls – Service Call Number and Description

1. CSS# **wo 14875 replace sewage pump** _____
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: **Michael Burdick** Date: **9/17/2021**

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: **Ronald Vogt** Date: **17 sept 2021**

Signed: **RONALD J VOGT AFOS**

E-Mail: **ronald.j.vogt2.ctr@mail.mil**