

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

FACID/Building: **White Plains** Date of Visit: **3/22/21**
MD066

Contractor Personnel on Site:

1. Patrick Donovan 2. _____

Work Performed:

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

1. _____

Service Calls – Service Call Number and Description

1. CSS# **29526 replaced batteries on 1st floor ladies room toilet.**
2. CSS# **Replaced batteries on ladies room toilet on 2nd floor.**
3. CSS# **Replaced electronic module on urinal 2nd floor restroom.**

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: **3/22/21**

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: CPT Edgar Martinez Date: **3/22/21**

Signed: 

E-Mail: _____