

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
3. CSS# _____ floor. 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: _____