

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

FACID/Building **White Plains** Date of Visit: **12/23/21**

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# **css 33985. wo 15961**
2. CSS# _____
3. CSS# **adjusted all room heating set points to
70.0 degrees.**

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: **Patrick Donovan** Date: **12/23/21**

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: **MICHAEL CLOANINGER** Date: **12/23/21**

Signed: 

E-Mail: _____