

CERTIFICATION OF WORK

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

FACID/Building: MD066 White Plains Date of Visit: 7/21/22

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# 1775 WO 18686 RM 222
2. CSS# Removed access panel to unit. Found condensate drain pan full
3. CSS# of water Added blow out line to unit. Cleared line Replaced
damaged and put unit back in service.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name Patrick Donovan Date: 7/21/22

Signed: _____

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature constitute acceptance of any work performed by the contractor, it only acknowledge contractor was on-site during the identified timeline:

Print Name/Rank: 1LT Maldonado, Reynaldo Date: 7/21/22

Signed: _____

E-Mail: _____

