

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

FACID/Building: MD066 Date of Visit: 10/15/21

Contractor Personnel on Site:

1. Patrick Donovan 2. _____

Work Performed:

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

1. W.O. 15130 2. C.S.S. 32824

Service Calls – Service Call Number and Description

1. CSS# _____
2. CSS# replaced electronic module on urinal.
3. CSS# Works fine now.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 10/15/21

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: SFC Williams, David Date: 10/15/21

Signed: 

E-Mail: _____