

CERTIFICATION OF WORK

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

FACID/Building: MD021 Date of Visit: 7/10/20

Contractor Personnel on Site:

1. Patrick Donovan 2. \_\_\_\_\_

**Work Performed:**

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

1. 12359, 12400, 12439, 12360, 12401, 12402

**Service Calls** – Service Call Number and Description

1. CSS# \_\_\_\_\_  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 7/10/20

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: \_\_\_\_\_ Date: 7/10/20

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_