

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

FACID/Building **White Plains** Date of Visit: **2/25/22**

MD066
Contractor Personnel on Site:

1. **Patrick Donovan** 2. _____

Work Performed:

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

1. **16400, 16351, 16367, 16369, 16382,**
16400, 16360

Service Calls – Service Call Number and Description

1. CSS# _____
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

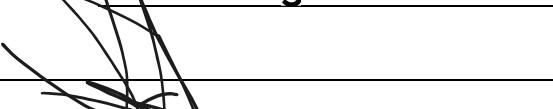
Print Name **Patrick Donovan** Date: **2/25/22**

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: **Staff sergeant Jake Anderson** Date: **2/25/22**

Signed: 

E-Mail: _____