

CERTIFICATION OF WORK

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

FACID/Building **White Plains** Date of Visit: **6/28/22**

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# **1321** **WO 18333**

2. CSS# _____

3. CSS# _____

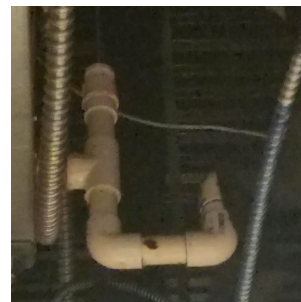
Removed access panel to unit. Found condensate drain pan full of water. Cut drain line and added a blow out line. See attached photo.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name **Patrick Donovan** Date: **6/28/22**

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:

MSG Robert R.

Print Name/Rank **Jackman-Gordon** Date: **6/28/22**

Signed: _____

E-Mail: _____