

**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# \_\_\_\_\_

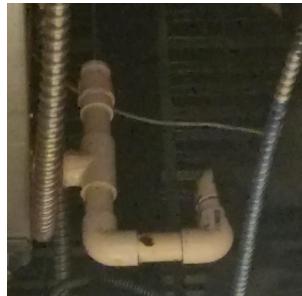
**Removed access panel to unit. Found condensate drain pan full of water. Cut drain line and added a blow out line. See attached photo.**

**CERTIFICATION OF WORK**

To be signed by the Contractor:

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

Signed: 

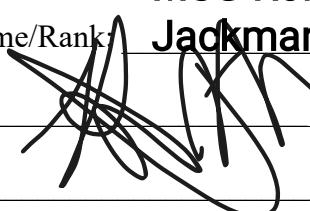


To be signed by Facility Manager:

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: \_\_\_\_\_