

CERTIFICATION OF WORK

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

FACID/Building: *White Plains MD066* Date of Visit: *2/24/20*

Contractor Personnel on Site:

1. *Patrick Donovan* 2.

Work Performed:

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

1. *11686, 11694, 11695, 11698, 11711, 11712*

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: *2/24/20*

Signed: *[Signature]*

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: *Martine Edger CPT*

Date: *24 Feb 20*

Signed: *[Signature]*

E-Mail:

DATE 7/14/20

FINISH TIME: 1:15

[illegible]

Additional Notes: