

CERTIFICATION OF WORK

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

FACID/Building: White Plains Date of Visit: 3/5/21

**MD066**

Contractor Personnel on Site:

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

**Work Performed:**

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

1. 13779, 13784, 13796, 13797, 13803

**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: 3/5/21

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: SFC. Williams, David Date: 3/5/21

Signed: 

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