

CERTIFICATION OF WORK

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

FACID/Building: Albany 001 Date of Visit: 12/1/2020

Contractor Personnel on Site:

1. Mike Burdick 2. \_\_\_\_\_

**Work Performed:**

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

1. sump pumps, unit heaters, kitchen hoods, gates

**Service Calls** – Service Call Number and Description


1. CSS# \_\_\_\_\_  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

---

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: Mike Burdick Date: 12/1/2020

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: Michael Moseman Date: \_\_\_\_\_

Signed: 

E-Mail: michael.moseman.ctr@mail.mil