

CERTIFICATION OF WORK	
(To be completed by the Contractor and saved in the Contractor's CMMS)	
FACID/Building:	<u>NYSP MAIN BLDG</u>
Date of Visit:	<u>8/18/22</u>
Location Address:	<u>Shenectady NY</u>
Contractor Personnel on Site:	
<u>JACK or DCMW</u>	
Work Performed: <u>Reassess Main HAC Room or bathroom</u>	
Service Calls – PO/CSS#	
<u>CCS1640 WA 12205</u>	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name:	<u>John W. O'Brien</u>
Date:	<u>8/18/22</u>
Signed:	<u>jm</u>
To be signed by Facility Manager:	
I certify that the above named individuals representing the Contractor arrived on site.	
Print Name/Rank:	<u>Laurens Cimino RFO S</u>
Date:	<u>16 Aug 2022</u>
Signed:	<u>Laurens Cimino</u>
Email:	<u>Laurens.Cimino.CIV@mary.mil</u>

