

**CERTIFICATION OF WORK**  
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: Schenectady 060 Date of Visit: 4/9/2021

Contractor Personnel on Site:

1. Michael Burdick      2. \_\_\_\_\_

**Work Performed:**

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

1. \_\_\_\_\_

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

1. CSS# Wo 11890 Css 28467 Repair mess kitchen faucets and
2. CSS# men's handicap toilet
3. CSS# \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Michael Burdick Date: 4/9/2021

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: 4/9/2021

Signed: Michael Moseman

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