

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 Csx 28467 Repair mess kitchen faucets and
2. CSS# men's handicap toilet
3. CSS# _____

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