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

FACID/Building: Schenectady 060 Date of Visit: 12/23/2020

Contractor Personnel on Site:

1. Mike Burdick 2. _____

Work Performed:

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

1. Filter chsnge,filtlers,Vehicle Exhaust, Kitchrn hoods,gates,make-up Air, unit heaters, outside lighting

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: 12/23/2020

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: Mike Moseman Date: 12/23/2020

Signed: Michael Moseman

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