

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

FACID/Building: ny116 Date of Visit: 3-2023

Contractor Personnel on Site:

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Work Performed:**

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

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

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

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

**Average bldg temp      70 degrees      average bldg RH Humidity 36%**

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Ramon V Date: 3-22-2023

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: Jim Johnson Date: 3-22-2023

Signed: 

E-Mail: \_\_\_\_\_

