

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%

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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: _____

