

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

FACID/Building: Pr 193

Date of Visit: 9/17/19

Contractor Personnel on Site:

1. Tom Lizan
2. Jim Geary
3. _____

4. _____
5. _____
6. _____

Work Performed:

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

1. 10972
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Geary Date: 9/17/19

Signed: John Geary

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: K. Myslinski Date: 9/17/19

Signed: K. Myslinski

E-Mail: