

CERTIFICATION OF WORK

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

FACID/Building: Plattsburgh 054 Date of Visit: 11/3/2020

Contractor Personnel on Site:

1. Mike Burdick

2. _____

Work Performed:

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

1. quarterly emergency lights, refrigerators, ice machine, water heaters

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: 11/3/2020

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: Ron Vogt AFOS Date: 11/3/2020

Signed: 

E-Mail: ronald.j.vogt2.ctr@mail.mil