

CERTIFICATION OF WORK

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

FACID/Building: Plattsburgh 054 Date of Visit: 6/3/2021

Contractor Personnel on Site:

Michael Burdick

1. _____ 2. _____

Work Performed:

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

1. Exhaust fan, unit heater, kitchen hood, over head exhaust system

Service Calls – Service Call Number and Description

1. CSS#_____
2. CSS#_____
3. CSS#_____

CERTIFICATION OF WORK

To be signed by the Contractor:

Michael Burdick 6/3/2021

Print Name: _____ Date: _____

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: **Ronald Vogt** Date: 6/3/2021

Signed: _____

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