

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

FACID/Building: **Saugerties 128** Date of Visit: **5/6/2021**

Contractor Personnel on Site:

Michael Burdick

1. _____ 2. _____

Work Performed:

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

1. **Ice machine, refrigerator, water heater, Emergency lights**
1. _____

Service Calls – Service Call Number and Description

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Michael Burdick

Print Name: _____ Date: **5/24/2021**

Signed: _____

To be signed by Facility Manager:

Michael Moseman

Print Name/Rank: _____ Date: _____

Signed: _____

michael.moseman.ctr@mail.mil

E-Mail: _____