

## CERTIFICATION OF WORK

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

FACID/Building: **Saugerties 128** Date of Visit: **3/11/2021**

Contractor Personnel on Site:

1. **Mike Burdick** \_\_\_\_\_ 2. \_\_\_\_\_

### Work Performed:

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

1. **Filter chsnge, air handlers , Condensing units, makeup air** \_\_\_\_\_

### Service Calls – Service Call Number and Description

1. CSS# \_\_\_\_\_
2. CSS# \_\_\_\_\_
3. CSS# \_\_\_\_\_

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: **Mike Burdick** Date: **3/24/2021**

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: **Michael Moseman** Date: **3/29/2021**

Signed: **Michael Moseman**  
**michael.moseman.ctr@mail.mil**

E-Mail: \_\_\_\_\_