

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

FACID/Building: **Schenectady 060** Date of Visit: **6/8/2021**

Contractor Personnel on Site:

Mike Burdick

1. _____ 2. _____

Work Performed:

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

1. **Exhaust fans, unit heaters, gates, air handlers**

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: **7/1/2021**

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: **7/9/2021**

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

E-Mail: _____