

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

FACID/Building: **Schenectady 060** Date of Visit: **5/5/2021**

Contractor Personnel on Site:

Michael Burdick

1. _____ 2. _____

Work Performed:

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

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 **5/24/2021**

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:

Michael Moseman

Print Name/Rank: _____ Date: _____

Signed: _____

michael.moseman.ctr@mail.mil

E-Mail: _____