

CERTIFICATION OF WORK

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

FACID/Building: Plattsburgh 054 Date of Visit: 12/10/2020

Contractor Personnel on Site:

Mike Burdick

1. _____ 2. _____

Work Performed:

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

1. _____

Service Calls – Service Call Number and Description

1. CSS# Wo 11113 css27953. replace Emergency

2. CSS# light fixtures in assembly hall

3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Burdick Date: 12/10/2020

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:

Ron Vogt AFOS

12/10/2020

Print Name/Rank:  Date: _____

Signed: 

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