

## CERTIFICATION OF WORK

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

FACID/Building: ny116 Date of Visit: 10-16-2020

Contractor Personnel on Site:

1. \_\_\_\_\_ 2. \_\_\_\_\_

### Work Performed:

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

1. \_\_\_\_\_

### 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: Ramon V Date: 10-16-2020

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:

Print Name/Rank: Negasi Tesfay Date: 10-16-2020

Signed: 

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