

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

Contractor Personnel on Site:

1. _____ 2. _____

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

1. CSS# _____

2. CSS# _____

3. CSS# _____

To be signed by the Contractor:

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:

Signed: _____

E-Mail: _____