

## CERTIFICATION OF WORK

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

FACID/Building: ny011 Date of Visit: 6-21-2022

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: 6-21-2022

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: Angel Vargas Date: 6-21-2022

Signed: 

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

