

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

FACID/Building: **Saugerties 128** Date of Visit: **12/7/2020**

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 11097 CSS# 23024**

2. CSS# **Repair overhead dorr remote in Supply area. 3.5 hours.**

3. CSS# **Diagnostic and replacement.**

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: **Mike Burdick** Date: **12/7/2020**

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: **Michael Moseman** Date: _____

Signed: 

E-Mail: **michael.moseman.ctr@mail.mil**