

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:

1. Mike Burdick 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