

CERTIFICATION OF WORK

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

FACID/Building: PA 017 Date of Visit: 12-13-18

Contractor Personnel on Site:

- | | |
|---------------------------|----------|
| 1. <u>Johnnie Harbold</u> | 4. _____ |
| 2. <u>Justin Angeleth</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

1. _____
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. _____
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. PA 017-CSS14835-WO6408-Replace blower assembly,
2. re insulate all exterior units.
3. _____

Over and Above Repair Work – Order Number and Description of Work Completed

PA017 - CSS 14835 WO 6408

Replace blower Assembly

Reinsulate outside Units

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Justin Angelelli Date: 12-13-18

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: _____ Date: 12-13-18

Signed: _____

E-Mail: _____









[illegible]