

CERTIFICATION OF WORK

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

FACID/Building: PA 080 Date of Visit: 3-5-19

Contractor Personnel on Site:

1. _____
2. _____
3. _____
4. _____
5. _____
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. CSS # 14801 WO # 5176
2. _____
3. _____

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

CSS 14801 WO# 5176-

Replaced faulty Circuit Board, that was sent as part.
Unit started and was operating upon completion

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Justin Ayoletti Date: 3-5-19
Signed: Justin Ayoletti

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: Brenda Byars Date: 3-5-19
Signed: Brenda Byars
E-Mail: _____

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

FACID/Building: PA080 Date of Visit: 2-26-19

Contractor Personnel on Site:

1. JVShn Breyfels
2. Cathy Hulka
3. _____
4. _____
5. _____
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. CSS 14801 WO # 5176
2. _____
3. _____

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

WO# 5176 Replaced condensate pump for Room 102. Removed control board & filter board for Rms. 100 101 + 116. Installed new boards but boards were faulty. Will get new boards.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Justin Angeletti Date: 2-26-19
Signed: Justin Angeletti

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: Brenda Byars GS-09 Date: 2-26-19
Signed: Brenda Byars
E-Mail: _____

