

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. _____ | 4. _____ |
| 2. _____ | 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. 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 parts.
Unit started and was operated upon complete

CERTIFICATION OF WORK

To be signed by the Contractor:

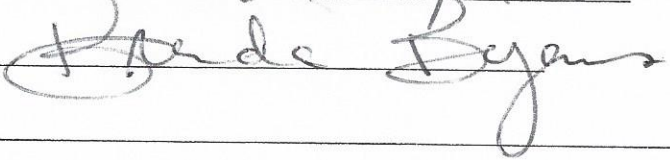
Print Name: Justin Angeloth Date: 3-5-19

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: Brenda Byars Date: 3-5-19

Signed: 

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. <u>Justin Angelet</u> | 4. _____ |
| 2. <u>Cathy Taylor</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

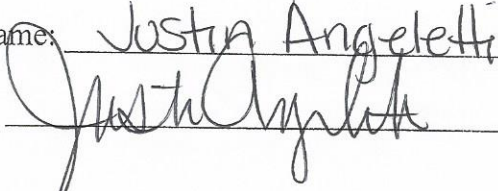
1. CSS 14801 WO # 5176
2. _____
3. _____

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: 

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

