

**PA080-01**  
**Asset # 5215-MiniSplit-R110**

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

FACID/Building: PA 080 Date of Visit: 2-26-19

Contractor Personnel on Site:

1. Justin Argobello
2. Carly Sayb
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 16446 WO 7572 Rm 111 - condensate pump
2. not working, Rms 101, 115, 116 - not heating - fan speed
3. not working in heat mode

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

Program 442

Roseann

## 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 BYARS 6509 Date: 2-26-19  
Signed: Brenda Byars  
E-Mail: