

PA080-01

Asset # 5215-MiniSpllt-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. <u>Justin Angelelli</u> | 4. _____ |
| 2. <u>Carly Layk</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 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

Room #12
Room

CERTIFICATION OF WORK

To be signed by the Contractor:

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

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: _____