

CERTIFICATION OF WORK

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

FACID/Building: PA 080 Date of Visit: 12-19-18

Contractor Personnel on Site:

- |                           |          |
|---------------------------|----------|
| 1. <u>Shawn Mason</u>     | 4. _____ |
| 2. <u>Johnnie Harbold</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 Mini-Splits in Rooms  
\* 100, 101, 106 & 116 not cooling. Room 115 is noisy  
\* Server room unit leaking

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

Repaired Communication problem with Room  
106.

**CERTIFICATION OF WORK**


To be signed by the Contractor:

Print Name: Shawn Man Date: 12-19-18

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: 12-19-18

Signed: 

E-Mail: \_\_\_\_\_

