

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. Shawn Mason
2. Johnnie Harbold
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 #160131 - CM# 6778 Replace backflow preventer
2. _____
3. _____

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

Replaced faulty backflow preventer

CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: Shawn Mason

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: Shawn Mason Date: 12-19-18

Signed: Shawn Mason

E-Mail: _____