

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:

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

FACID/Building: NY023-123 Date of Visit: 3/4-3/6/20

Contractor Personnel on Site:

1. Deen Rowe 2. _____

Work Performed:

Preventive Maintenance - (Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders -

PM/SO	WO #	Asset #	PM #	Asset Description
PM	7345	190917-164	PFQ 190917164	1-pc AC units
PM	7345	190917-165	PFQ 190917164	1-pc AC units
PM	7345	190917-166	PFQ 190917164	1-pc AC units
PM	7398	9337	PM-PQT-9337	J-04 1-pc Air Handler
PM	7484	9385	PM - QT- 9385	J-57 1-pc Overhead Exhaust System
PM	7485	9386	PM - QT- 9386	J-57 1-pc Overhead Exhaust System
PM	7486	9387	PM - QT- 9387	J-57 1-pc Overhead Exhaust System
PM	7487	9388	PM- QT-9388	J-57 1-pc Overhead Exhaust System
PM	7607	9337	PM-SA- 9337	J-04 1-pc Air Handler
PM	7666	190917-164	PMS 190917164	1-pc AC units
PM	7666	190917-165	PMS 190917164	1-pc AC units
PM	7666	190917-166	PMS 190917164	1-pc AC units
PM	7666	190917-167	PMS 190917164	1-pc Mini Split
PM	7666	190917-168	PMS 190917164	2-pc Mini Split

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Deen Vaughn Rowe Date: 3/6/20

Signed: Deen Vaughn Rowe

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To be signed by Facility Manager:

Print Name/Rank: _____ Date: _____

Signed: _____

E-Mail: _____