

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: N4023-124 Date of Visit: 3/9/20

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 | 7377 | 9389 | PM-FAT-9389 | J-06 1-pc Furnace |
| PM | 7608 | 9389 | PM-SA-9389 | J-06 1-pc Furnace |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Deen Rowe Date: 3/9/20

Signed: 

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:

To be signed by Facility Manager:

Print Name/Rank: _____ Date: _____

Signed: _____

E-Mail: _____