

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: N4023-200 Date of Visit: 3/9-3/13/20

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	7346	190917-179	PFQ 190917179	6-pc ptac 2nd Floor
PM	7346	190917-180	PFQ 190917179	7-pc ptac 1st Floor
PM	7400	9425	PM-FQT-9425	J-04 1-pc Air Handler
PM	7401	9433	PM-FQT-9433	J-09 8-pc PTAC
PM	7609	9425	PM-SA-9425	J-04 1-pc Air Handler
PM	7610	9433	PM-SA-9433	J-09 8-pc PTAC
PM	7611	9436	PM-SA-9436	J-15 1-pc Mini Split
PM	7667	190917-174	PM-S 190917174	1-Pc Condensing Unit
PM	7667	190917-175	PM-S 190917174	1-pc Condensing Unit
PM	7667	190917-176	PM-S 190917174	1-pc Condensing Unit
PM	7667	190917-177	PM-S 190917174	1-pc Condensing Unit
PM	7667	190917-178	PM-S 190917174	1-pc Condensing Unit
PM	7667	190917-179	PM-S 190917174	1-pc Condensing Unit
PM	7667	190917-180	PM-S 190917174	1-pc Condensing Unit

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Deen Rowe Date: 3/13/20

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: _____