

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: N023-300 330 Date of Visit: 3/20/20

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	7347	190917-203	PFQ190917203	1-pc AHU
PM	7347	190917-204	PFQ190917203	1-pc AHU
PM	7347	190917-205	PFQ190917203	1-pc AHU
PM	7347	190917-206	PFQ190917203	1-pc AHU
PM	7347	190917-207	PFQ190917203	1-pc AHU
PM	7347	190917-208	PFQ190917203	1-pc AHU
PM	7347	190917-209	PFQ190917203	1-pc AHU
PM	7347	190917-210	PFQ190917203	1-pc AHU
PM	7669	190917-203	PMS190917203	1-pc AHU
PM	7669	190917-204	PMS190917203	1-pc AHU
PM	7669	190917-205	PMS190917203	1-pc AHU
PM	7669	190917-206	PMS190917203	1-pc AHU
PM	7669	190917-207	PMS190917203	1-pc AHU
PM	7669	190917-208	PMS190917203	1-pc AHU
PM	7669	190917-209	PMS190917203	1-pc AHU
PM	7669	190917-210	PMS190917203	1-pc AHU

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Deenvarghn Rowe Date: 3/20/20

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: _____