

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: NY023-300 330 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: Deenvaughn Rowe Date: 3/20/20

Signed: Deenvaughn Rowe

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: _____