

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

FACID/Building: _____ Date of Visit: _____

Contractor Personnel on Site:

1. Moores _____ 2. _____

Work Performed:

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

Service Orders -

PM/SO	WO #	Asset #	PM #	Asset Description
		2284		J-1502000-04 1-pc AC Unit, Wall Unit
		2285		J-1502000-04 1-pc Air Handler
		2286		J-1502000-04 1-pc Air Handler
		2287		J-1502000-04 1-pc Air Handler,Inoperable
		2288		J-1502000-04 1-pc Air Handler,Inoperable
		1586		J-1502000-23 1-pc Ice Maker
		1588		J-1502000-27 1-pc Water HeaterRoom 117
		1589		J-1502000-31 1-pc Sump Pump, Electric RM 117
		1463		J-1502000-49 1-pc Automatic Gate

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To be signed by the Contractor:

Print Name: ALAN Boling Date: 8.26.19

Signed: ABK

To be signed by Facility Manager: no one on site to sign

I certify that the above-named individuals representing the Contractor arrived on site.

Print Name/Rank: _____ Date: _____

Signed: _____

E-Mail: _____