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

FACID/Building: WV006-01_____ Date of Visit: _____

Contractor Personnel on Site:

1._____ 2. _____

Work Performed:

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

PM/SO	WO #	Asset #	PM #	Asset Description
	6523	4860	PM-QT-4860	J-1502000-12 1-pc Expansion Tank
	6523	4865	PM-QT-4860	J-1502000-12 1-pc Glycol Feed System
	6523	4967	PM-QT-4860	J-1502000-12 1-pc Hot Water Pump #1 cap 13 GPM @23ft TDH
	6523	4968	PM-QT-4860	J-1502000-12 1-pc Hot Water Pump #2 cap 13 GPM @23ft TDH
	6523	4969	PM-QT-4860	J-1502000-12 1-pc Hot Water Pump #3 cap 62 GPM @28ft TDH
	6523	4970	PM-QT-4860	J-1502000-12 1-pc Hot Water Pump #4 cap 62GPM @28ft TDH
	6650	4030	PM-SA-4030	J-1502000-08 1-pc Fan Coil Unit, Heating & Cooling
	6650	4031	PM-SA-4030	J-1502000-08 1-pc Fan Coil Unit, Heating & Cooling
	6650	4032	PM-SA-4030	J-1502000-08 1-pc Fan Coil Unit, Heating & Cooling A
	6650	4033	PM-SA-4030	J-1502000-08 1-pc Fan Coil Unit, Heating & Cooling A
	6650	4034	PM-SA-4030	J-1502000-08 1-pc Fan Coil Unit, Heating & Cooling A
	6650	4035	PM-SA-4030	J-1502000-08 1-pc Fan Coil Unit, Heating & Cooling A
	6650	4036	PM-SA-4030	J-1502000-08 1-pc Fan Coil Unit, Heating & Cooling B
	6650	4037	PM-SA-4030	J-1502000-08 1-pc Fan Coil Unit, Heating & Cooling B
	6650	4038	PM-SA-4030	J-1502000-08 1-pc Fan Coil Unit, Heating & Cooling C

To be signed by the Contractor:

Print Name:_____Date: _____

Signed: _____

To be signed by Facility Manager:

I certify that the above-named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank:_____Date:_____

Signed: _____

E-Mail: _____