

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
	6650	4039	PM-SA-4030	J-1502000-08 1-pc Fan Coil Unit, Heating & Cooling C
	6650	4040	PM-SA-4030	J-1502000-08 1-pc Fan Coil Unit, Heating & Cooling
	6650	4041	PM-SA-4030	J-1502000-08 1-pc Fan Coil Unit, Heating & Cooling
	6650	4042	PM-SA-4030	J-1502000-08 1-pc Fan Coil Unit, Heating & Cooling A
	6650	4043	PM-SA-4030	J-1502000-08 1-pc Fan Coil Unit, Heating & Cooling A
	6650	4044	PM-SA-4030	J-1502000-08 1-pc Fan Coil Unit, Heating & Cooling B
	6650	4045	PM-SA-4030	J-1502000-08 1-pc Fan Coil Unit, Heating & Cooling B
	6650	4046	PM-SA-4030	J-1502000-08 1-pc Fan Coil Unit, Heating & Cooling C
	6650	4158	PM-SA-4030	J-1502000-08 1-pc Unit Heater, Electric, Suspended
	6650	4369	PM-SA-4030	J-1502000-08 1-pc Unit Heater, Hot Water
	6650	4394	PM-SA-4030	J-1502000-08 1-pc Unit Heater, Hot Water, Suspended
	6650	4395	PM-SA-4030	J-1502000-08 1-pc Unit Heater, Hot Water, Suspended
	6650	4428	PM-SA-4030	J-1502000-08 1-pc Unit Heater, Hot Water, Suspended
	6650	4429	PM-SA-4030	J-1502000-08 1-pc Unit Heater, Hot Water, Suspended
	6650	4538	PM-SA-4030	J-1502000-08 2-pc Unit Heater, Hot Water, Suspended

CERTIFICATION OF WORK

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: _____