

CERTIFICATION OF WORK

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

FACID/Building: NV 128 Date of Visit: 8-7-19

Contractor Personnel on Site:

1. DAVE OGDEN
2. \_\_\_\_\_
3. \_\_\_\_\_

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Inspection, Testing, and Certification

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Other Recurring Services

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Service Calls -- Service Call Number and Description

1. OSS # 20398- HVAC NOT WORKING IN PARTS OF
2. BUILDING. NAE TIMER WAS 1.5 HRS OFF.
3. RESET TIME

**Over and Above Repair Work** -- Order Number and Description of Work Completed

## **CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: STEVE MILLER Date: 8-7-19  
Signed: Steve Miller

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: \_\_\_\_\_

E-Mail: \_\_\_\_\_