

CERTIFICATION OF WORK

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

FACID/Building: MO-24

Date of Visit: 6/3/2021

Contractor Personnel on Site:

1. Jeremy Sneathen

4. _____

2. _____

5. _____

3. _____

6. _____

Service Calls – Service Call Number and Description

1. Indoor Unit has bad fan asset #2147

2. _____

3. _____

WO # 14363

CSS # 30814

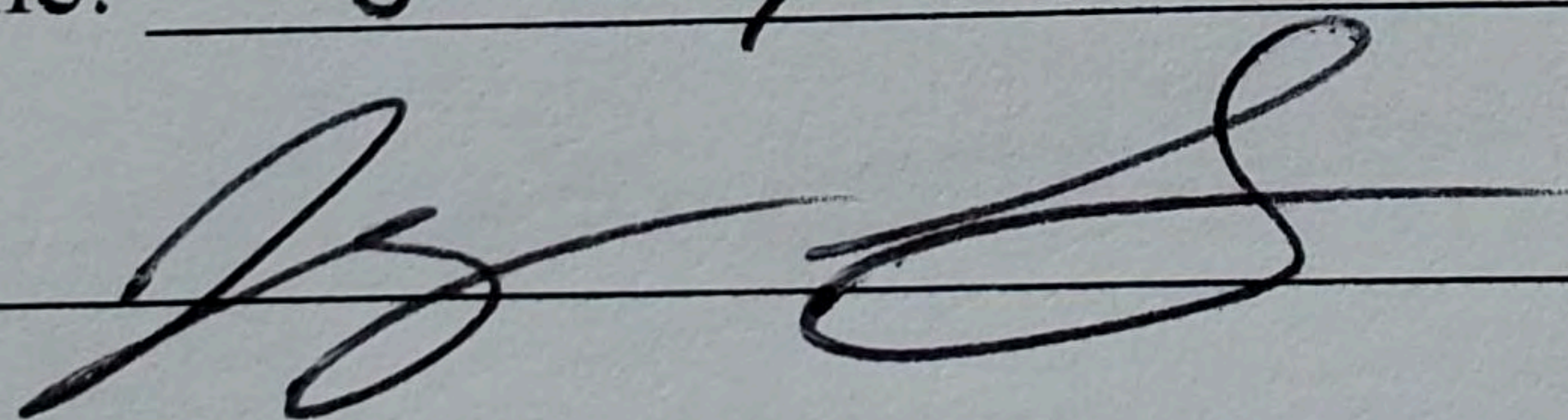
CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jeremy Sneathen

Date: 6/3/2021

Signed: _____



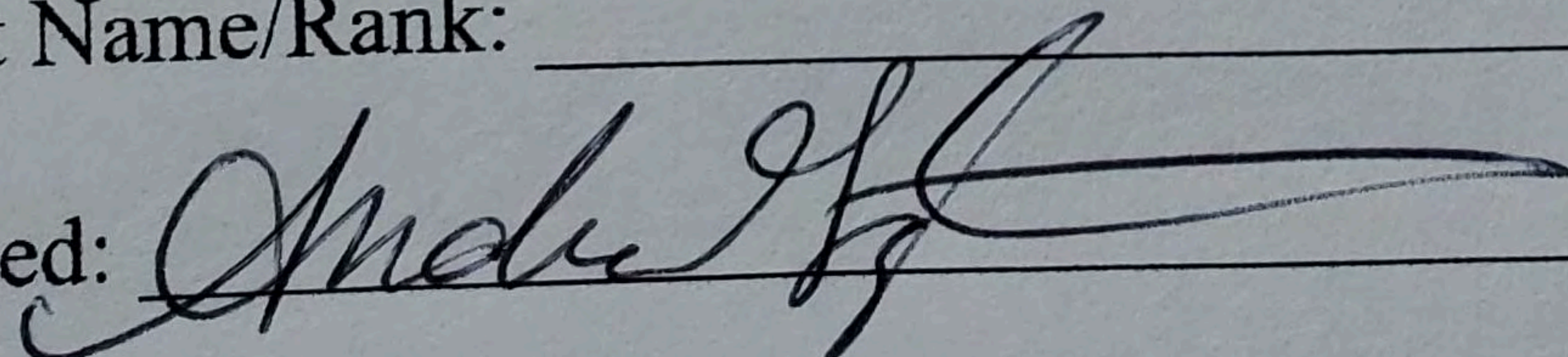
To be signed by Facility Manager:

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:

Print Name/Rank: _____

Date: 2021 June 3

Signed: _____



E-Mail: _____

 MITSUBISHI ELECTRIC

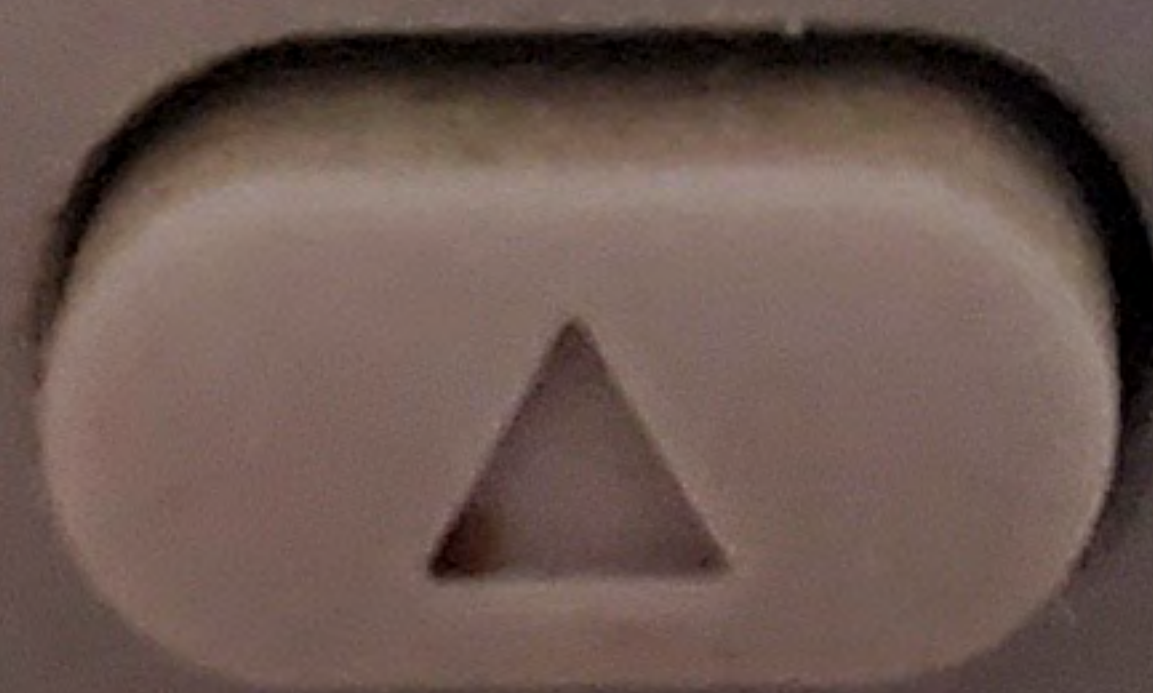
CHECK

E9

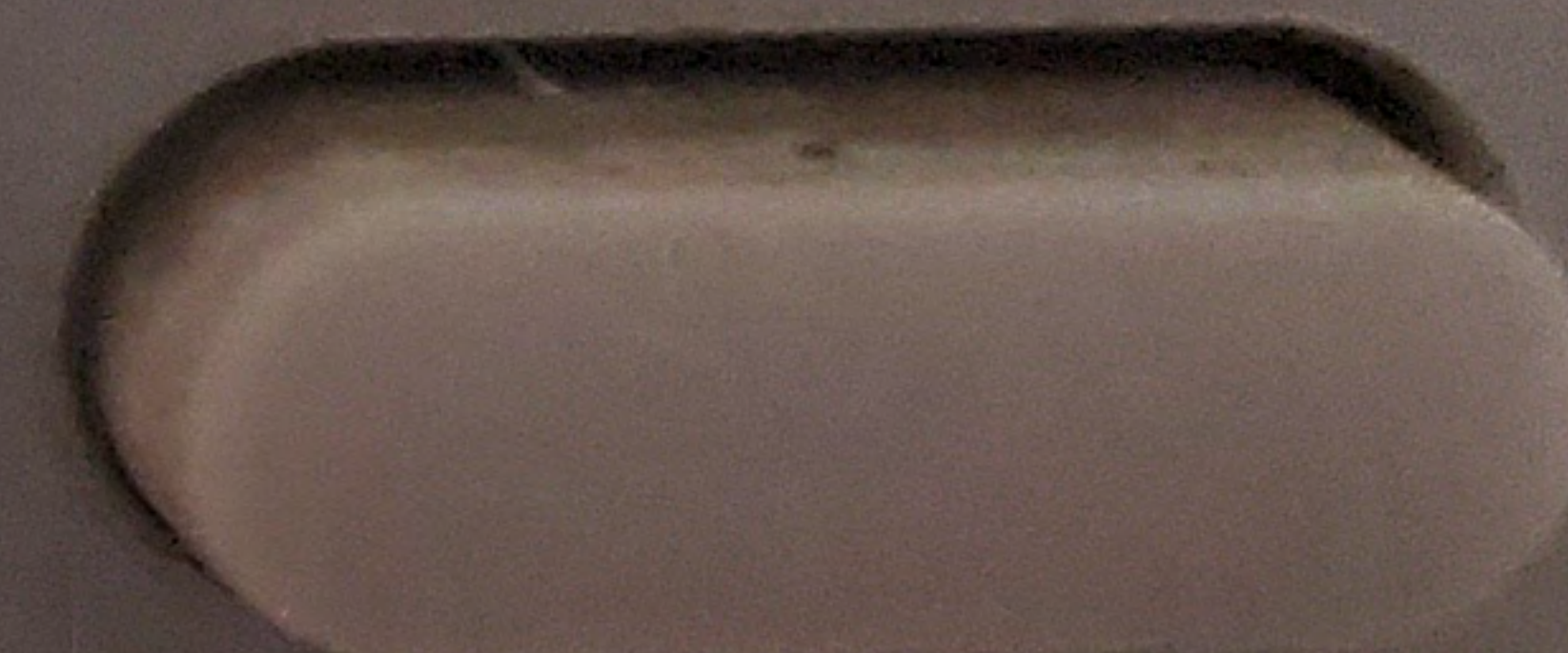
ERROR CODE



TEMP.



① ON/OFF



S1

S2

S3

TO REVERSE
TO CONTROLLER

TO OUTDOOR
UNIT