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

FACID/Building: _____ Date of Visit: 6/23/2022

Contractor Personnel on Site:

1. Derek perry
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. Whent to the mechanical room amd changed the valve on vav#1 I was
2. unable to test do to not being able to over ride the valve from the
3. computer.
4. _____

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____