

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:

CERTIFICATION OF WORK

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

FACID/Building:

Date of Visit: 6/6/22

Contractor Personnel on Site:

1. Deen Rowe 2. _____

Work Performed:

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


PM/SO	WO #	Asset #	PM #	Asset Description
	17218	190917-164	PFQ190917164	1-pc AC Units
	17218	190917-165	PFQ190917164	1-pc AC Units
	17218	190917-166	PFQ190917164	1-pc AC Units
	17276	9338	PM-AN-9338	J-07 6-pc Exhaust Fan
	17277	9339	PM-AN-9339	J-07 2-pc Air Curtains
	17278	9340	PM-AN-9340	J-07 1-pc Bathroom Exhaust Fan
	17326	9337	PM-FQT-9337	J-04 1-pc Air Handler
	17397	9385	PM-QT-9385	J-57 1-pc Overhead Exhaust System
	17398	9386	PM-QT-9386	J-57 1-pc Overhead Exhaust System
	17399	9387	PM-QT-9387	J-57 1-pc Overhead Exhaust System
	17400	9388	PM-QT-9388	J-57 2-pc Overhead Exhaust System
	17512	9341	PM-SA-9341	J-08 5-pc Unit Heater, Hot Water
	17513	9342	PM-SA-9342	J-08 2-pc Unit Heater, Hot Water
	17514	9343	PM-SA-9343	J-08 3-pc Unit Heater, Hot Water
	17515	9344	PM-SA-9344	J-08 5-pc Unit Heater, Hot Water
	17516	9345	PM-SA-9345	J-08 3-pc Unit Heater, Hot Water
	17517	9377	PM-SA-9377	J-49 1-pc Single Gate, Manual, Sliding East
	17518	9378	PM-SA-9378	J-49 1-pc Single Gate, Manual, Sliding East
	17587	190917-169	PMS190917169	7-pc Ext Wall Pack

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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Deen Rowe _____ Date: 06/06/22

Signed: 

To be signed by Facility Manager:

Print Name/Rank: LOUIS B. CORPORALES Date: 7-5-22

Signed: 

E-Mail: LOUIS.A.CORPORALES.CIV@