

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: 3/3/22

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
	16313	190917-164	PFQ190917164	1-pc AC Units
	16313	190917-165	PFQ190917164	1-pc AC Units
	16313	190917-166	PFQ190917164	1-pc AC Units
	16360	9337	PM-FQT-9337	J-04 1-pc Air Handler
	16431	9385	PM-QT-9385	J-57 1-pc Overhead Exhaust System
	16432	9386	PM-QT-9386	J-57 1-pc Overhead Exhaust System
	16433	9387	PM-QT-9387	J-57 1-pc Overhead Exhaust System
	16434	9388	PM-QT-9388	J-57 2-pc Overhead Exhaust System
	16540	9337	PM-SA-9337	J-04 1-pc Air Handler
	16599	190917-164	PMS190917164	1-pc AC Units
	16599	190917-165	PMS190917164	1-pc AC Units
	16599	190917-166	PMS190917164	1-pc AC Units
	16599	190917-167	PMS190917164	1-pc mini split
	16599	190917-168	PMS190917164	2-pc mini split

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To be signed by the Contractor:

Print Name: Deep Rowe

Date: 3/3/22

Signed: 

To be signed by Facility Manager:

Print Name/Rank:

Louis Corro

Date: 3/29/22

Signed: 

E-Mail: 