

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: 12/6/21

Contractor Personnel on Site:

1. Deen Rowe _____ 2. _____

Work Performed:

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

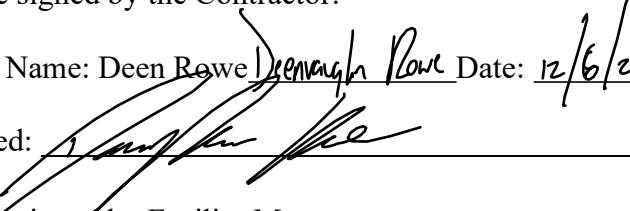
PM/SO	WO #	Asset #	PM #	Asset Description
	15211	190917-164	PFQ190917164	1-pc AC Units
	15211	190917-165	PFQ190917164	1-pc AC Units
	15211	190917-166	PFQ190917164	1-pc AC Units
	15258	9337	PM-FQT-9337	J-04 1-pc Air Handler
	15329	9385	PM-QT-9385	J-57 1-pc Overhead Exhaust System
	15330	9386	PM-QT-9386	J-57 1-pc Overhead Exhaust System
	15331	9387	PM-QT-9387	J-57 1-pc Overhead Exhaust System
	15332	9388	PM-QT-9388	J-57 2-pc Overhead Exhaust System
	15444	9341	PM-SA-9341	J-08 5-pc Unit Heater, Hot Water
	15445	9342	PM-SA-9342	J-08 2-pc Unit Heater, Hot Water
	15446	9343	PM-SA-9343	J-08 3-pc Unit Heater, Hot Water
	15447	9344	PM-SA-9344	J-08 5-pc Unit Heater, Hot Water
	15448	9345	PM-SA-9345	J-08 3-pc Unit Heater, Hot Water
	15449	9377	PM-SA-9377	J-49 1-pc Single Gate, Manual, Sliding East
	15450	9378	PM-SA-9378	J-49 1-pc Single Gate, Manual, Sliding East
	15512	190917-169	PMS190917169	7-pc Ext Wall Pack

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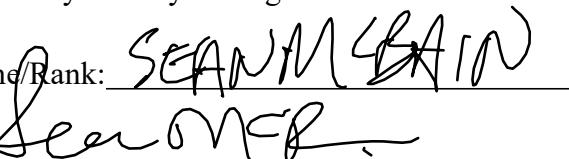
To be signed by the Contractor:

Print Name: Deen Rowe Deen Vaughn Rowe Date: 12/6/21

Signed: 

To be signed by Facility Manager:

Print Name/Rank: SEAN MCBRAN Date: 12/6/21

Signed: 

E-Mail: _____