

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 - 3/5/21

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
	11917	190917-164	PFQ190917164	1-pc AC Units
	11917	190917-165	PFQ190917164	1-pc AC Units
	11917	190917-166	PFQ190917164	1-pc AC Units
	11970	9337	PM-FQT-9337	J-04 1-pc Air Handler
	12056	9385	PM-QT-9385	J-57 1-pc Overhead Exhaust System
	12057	9386	PM-QT-9386	J-57 1-pc Overhead Exhaust System
	12058	9387	PM-QT-9387	J-57 1-pc Overhead Exhaust System
	12059	9388	PM-QT-9388	J-57 2-pc Overhead Exhaust System
	12173	9337	PM-SA-9337	J-04 1-pc Air Handler
	12228	190917-164	PMS190917164	1-pc AC Units
	12228	190917-165	PMS190917164	1-pc AC Units
	12228	190917-166	PMS190917164	1-pc AC Units
	12228	190917-167	PMS190917164	1-pc mini split
	12228	190917-168	PMS190917164	2-pc mini split

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To be signed by the Contractor:

Print Name: Deen Rowe  Date: 3/5/21

Signed: 

To be signed by Facility Manager:

Print Name/Rank: Louis Corzo AFo S Date: 3/22/21

Signed: 

E-Mail: Louis.A.Corzo.CTR@MAIL.MIL.MIL