

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: 8/51/21

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 |
|-------|-------|------------|--------------|---|
| | 14017 | 9446 | FQ-9446 | J-23 1-pc Ice Maker, Hotel/Motel Machine with Storage Bin |
| | 14201 | 9443 | PM-QT-9443 | J-23 1-pc Refrigerator, 2 Section, Reach In, Electric |
| | 14202 | 9446 | PM-QT-9446 | J-23 1-pc Ice Maker, Hotel/Motel Machine with Storage Bin |
| | 14203 | 9447 | PM-QT-9447 | J-23 1-pc Refrigerator, 2 Section, Reach In, Electric |
| | 14353 | 190917-184 | PMQ190917193 | 1-pc Ice Maker |
| | 14353 | 190917-185 | PMQ190917193 | 1-pc Refrigerator 2 section |
| | 14353 | 190917-186 | PMQ190917193 | 1-pc Freezer 2 section |
| | 14353 | 190917-193 | PMQ190917193 | 72-pc Lighted Exit Signs |
| | 14353 | 190917-194 | PMQ190917193 | 37-pc Emergency Wall Pack |
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To be signed by the Contractor:

Print Name: Deen Rowe _____ Date: 8/30/21
Signed: Deen Rowe

To be signed by Facility Manager:

Print Name/Rank: Lewis Corzo Date: 8-30-21
Signed: Lewis Corzo
E-Mail: Lewis.A.Corzo.Ctr@mail.mil