

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: 9/19/22

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
	18736	190917-203	PFQ190917203	1-pc AHU
	18736	190917-204	PFQ190917203	1-pc AHU
	18736	190917-205	PFQ190917203	1-pc AHU
	18736	190917-206	PFQ190917203	1-pc AHU
	18736	190917-207	PFQ190917203	1-pc AHU
	18736	190917-208	PFQ190917203	1-pc AHU
	18736	190917-209	PFQ190917203	1-pc AHU
	18736	190917-210	PFQ190917203	1-pc AHU
	18946	IL-23	PM-MO-IL-23	Interior Light in Building NY023-330
	19176	190917-203	PMS190917203	1-pc AHU
	19176	190917-204	PMS190917203	1-pc AHU
	19176	190917-205	PMS190917203	1-pc AHU
	19176	190917-206	PMS190917203	1-pc AHU
	19176	190917-207	PMS190917203	1-pc AHU
	19176	190917-208	PMS190917203	1-pc AHU
	19176	190917-209	PMS190917203	1-pc AHU

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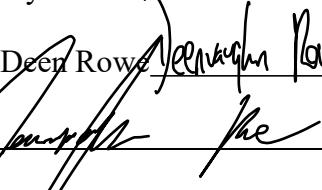
	209		
	19176	190917-210	PMS190917203 1-pc AHU

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### CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Deen Rowe Deen Rowe Date: 9/19/22

Signed: 

To be signed by Facility Manager:

Print Name/Rank: P. Conn Date: 9.19.22

Signed: 

E-Mail: PETER.D.CONN@DOE.GOV