

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:

6/27/23

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
	22161	190917-203	PFQ190917203	1-pc AHU
	22161	190917-204	PFQ190917203	1-pc AHU
	22161	190917-205	PFQ190917203	1-pc AHU
	22161	190917-206	PFQ190917203	1-pc AHU
	22161	190917-207	PFQ190917203	1-pc AHU
	22161	190917-208	PFQ190917203	1-pc AHU
	22161	190917-209	PFQ190917203	1-pc AHU
	22161	190917-210	PFQ190917203	1-pc AHU
	22235	9555	PM-AN-9555	J-07 5-pc Bathroom Exhaust Fan
	22400	IL-23	PM-MO-IL-23	Interior Light in Building NY023-330
	22604	9601	PM-SA-9601	J-49 1-pc Single Gate, Manual, Sliding Perimeter
	22605	9602	PM-SA-9602	J-49 1-pc Single Gate, Manual, Sliding Perimeter
	22606	9603	PM-SA-9603	J-49 1-pc Single Gate, Manual, Sliding Rm A bldg entrance
	22607	9604	PM-SA-9604	J-49 1-pc Single Gate, Manual, Sliding B bldg entrance

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Deen Rowe

Date:

6/27/23

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:

Signed: _____

To be signed by Facility Manager:

Print Name/Rank: _____

Date: _____

Signed: _____

E-Mail: _____