

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: 10/13/21

Contractor Personnel on Site:

1. Deen Rowe 2. _____

Work Performed:

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

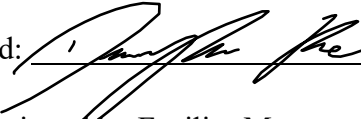
PM/SO	WO #	Asset #	PM #	Asset Description
	14409	190917-312	PFQ190917312	1-pc Raidant Floor HeatPump
	14542	10144	PM-FQT-10144	J-04 1-pc Air Handler
	14543	10145	PM-FQT-10145	J-04 1-pc Air Handler
	14544	10150	PM-FQT-10150	J-06 1-pc Fuel Oil Booster Pump for Furnace
	14637	10202	PM-QT-10202	J-57 3-pc Overhead Exhaust System
	14673	10144	PM-SA-10144	J-04 1-pc Air Handler
	14674	10145	PM-SA-10145	J-04 1-pc Air Handler
	14675	10146	PM-SA-10146	J-04 1-pc Variable Frequency Drive
	14676	10147	PM-SA-10147	J-04 1-pc Variable Frequency Drive
	14677	10148	PM-SA-10148	J-04 1-pc Condensing Unit
	14678	10149	PM-SA-10149	J-04 1-pc Condensing Unit
	14679	10150	PM-SA-10150	J-06 1-pc Fuel Oil Booster Pump for Furnace
	14831	190917-311	PMS190917311	1-pc Mini-Split
	14831	190917-312	PMS190917311	1-pc Raidant Floor HeatPump

CERTIFICATION OF WORK

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:

To be signed by the Contractor:

Print Name: Deen Rowe Deen Rowe Date: 10/13/21

Signed: 

To be signed by Facility Manager:

Print Name/Rank: Martha A. Cotto Date: 13 OCT 2021

Signed: 

E-Mail: _____