

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

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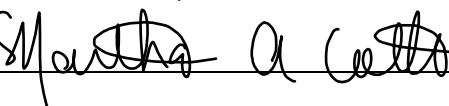
To be signed by the Contractor:

Print Name: Deen Rowe Deenah 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: _____