

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: 12/30/22

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
	19798	190917-312	PFQ190917312	1-pc Raidant Floor HeatPump
	19808	10144	PM-FQT-10144	J-04 1-pc Air Handler
	19809	10145	PM-FQT-10145	J-04 1-pc Air Handler
	19810	10150	PM-FQT-10150	J-06 1-pc Fuel Oil Booster Pump for Furnace
	19930	IL-41	PM-MO-IL-41	Interior Light in Building NY058-02
	19960	10202	PM-QT-10202	J-57 3-pc Overhead Exhaust System
	19994	10153	PM-SA-10153	J-08 6-pc Unit Heater, Hot Water
	19995	10192	PM-SA-10192	J-49 1-pc Single Gate, Manual, Sliding Southwest
	19996	10193	PM-SA-10193	J-49 1-pc Single Gate, Manual, Swinging Southwest
	19997	10194	PM-SA-10194	J-49 1-pc Single Gate, Manual, Swinging West Entrance
	19998	10195	PM-SA-10195	J-49 1-pc Single Gate, Manual, Sliding West Entrance
	19999	10196	PM-SA-10196	J-49 1-pc Single Gate, Manual, Swinging Northwest Entrance
	20000	10197	PM-SA-10197	J-49 1-pc Double Gate, Manual, Swinging NW Entrance

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Deen Rowe Deen Rowe Date: 12/30/22

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: _____