

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: Pa051-07 Date of Visit: 9-17-19

Contractor Personnel on Site:

1. Dominic Stango
2. Scott Renders
3. _____
4. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. asset #'s 4980, 4981, 4685 are part of con ed contract
 2. _____
 3. _____
 4. _____
 5. _____
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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Dominic Stango Date: 9-17-19

Signed: 

To be signed by Facility Manager:

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:

Print Name/Rank: _____ Date: _____

Signed: _____

E-Mail: _____