

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: PA051-09 Date of Visit: 9/18/19

Contractor Personnel on Site:

- | | |
|-------------------|----------|
| 1. <u>Scott K</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

- | |
|---|
| 1. <u>WO 10769 (Pumps)</u> |
| 2. <u>10927 (MINI SPLIT & CONTROLS)</u> |
| 3. _____ |
| 4. _____ |
| 5. _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Kenders Date: 9/18/19

Signed: Scott Kenders

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: Andrew Murray, C.S. 11 Date: 9/18/2019

Signed: [Signature]

E-Mail: _____