

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. Scott K
2. _____
3. _____
4. _____

Work Performed:

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

1. WO 10769 (PUMPS)
2. 10927 (MINI SPLIT & CONTROLS)
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 Morris, C.S. II Date: 9/18/2019

Signed: 

E-Mail: _____