

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: PA053-01 Date of Visit: 5/17/19

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. WO 8542 (FILTERS)
2. WO 8635 (WATER HEATER)
3. WO 8785 (INSPECTIONS)
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott KENDERS Date: 5/17/19

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: _____ Date: _____

Signed: _____

E-Mail: _____