

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE007 Date of Visit: 11/20/20

Contractor Personnel on Site:

- | | |
|----------------------|----------|
| 1. <u>John Brown</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:


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

1. WO'S12935FQ,12977MO,12990QT,13013SA,13060PMF,13084Q,13099PMS
2. 12936FQ,12978MO,12991QT,13014SA
3. FILTERS, LIGHTING,KITCHEN EQUIP,HEATERS, AIR HANDLERS, VFD,
4. CONDENSING UNITS, CHILLER, DEHUMIDIFIER, ERV'S, MAKE UP UNIT
5. HEAT PUMPS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 11/20/20

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: Danielle Barrett Date: 11/20/20

Signed: 

E-Mail: _____

