

### CERTIFICATION OF WORK

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

FACID/Building: PA166 Date of Visit: 12-21-18

Contractor Personnel on Site:

1. <u>Ken Kader</u>	4. _____
2. _____	5. _____
3. _____	6. _____

Work Performed: Furn Furnace not heating

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### Inspection, Testing, and Certification

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### Other Recurring Services

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### Service Calls – Service Call Number and Description

1. CSS# 16590
2. \_\_\_\_\_
3. \_\_\_\_\_

**Over and Above Repair Work – Order Number and Description of Work Completed**

GF-4 Back control Board

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Ken Kais Date: 12-21-18  
Signed: Ken Kais

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: TIMOTHY S PETERS Date: 21 DEC 18  
Signed: Timothy S. Peters  
E-Mail: \_\_\_\_\_