

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:

CERTIFICATION OF WORK

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

FACID/Building: NY023-206 Date of Visit: 3/18/20

Contractor Personnel on Site:

1. Deen Rowe 2. _____

Work Performed:

Preventive Maintenance - (Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders -

| PM/SO | WO # | Asset # | PM # | Asset Description |
|-------|------|------------|--------------|-------------------------------------|
| PM | 7402 | 9497 | PM-F&T-9497 | J-09 49-pc PTAC PA |
| PM | 7488 | 9522 | PM-BT-9522 | J-31 1 sump pump, Electric Room B08 |
| PM | 7612 | 9497 | PM-SA-9497 | J-09 49 pc PTAC PA |
| PM | 7668 | 190917-197 | PMS190917197 | 1-pc Chiller |
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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Deenvaughn Rowe Date: 3/18/20

Signed: 

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:

To be signed by Facility Manager:

Print Name/Rank: _____ Date: _____

Signed: _____

E-Mail: _____