

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: NY023-121_____ Date of Visit: 12/17/18

Contractor Personnel on Site:

1. Troy Craig 2. _____

Work Performed:

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

PM/SO	WO #	Asset #	PM #	Asset Description
	1344	9290	PM-FQT-9290	J-04 1-pc Air Handler
	1345	9291	PM-FQT-9291	J-04 1-pc Portable A C Floor Style
	1346	9292	PM-FQT-9292	J-04 1-pc Portable A C Floor Style
	1347	9293	PM-FQT-9293	J-04 1-pc Air Handler
	1441	9333	PM-QT-9333	J-57 1-pc Exhaust Blower
	1442	9334	PM-QT-9334	J-57 5-pc Exhaust Connection
	1443	9335	PM-QT-9335	J-57 1-pc Exhaust Blower
	1444	9336	PM-QT-9336	J-57 6-pc Exhaust Connection
	1593	9296	PM-SA-9296	J-08 13-pc Unit Heater, Hot Water
	1594	9297	PM-SA-9297	J-08 6-pc Unit Heater, Hot Water
	1595	9298	PM-SA-9298	J-08 1-pc Unit Heater, Hot Water
	1596	9299	PM-SA-9299	J-08 1-pc Unit Heater, Hot Water
	1597	9326	PM-SA-9326	J-49 1-pc 20 Single Gate, Manual, Sliding East

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Troy Craig Date: 12/17/18

Signed: [Signature]

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: _____

>