

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: NY058-104 Date of Visit: 3-19-19

Contractor Personnel on Site:

1. ISG 2. \_\_\_\_\_

**Work Performed:**

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

PM/SO	WO #	Asset #	PM #	Asset Description
	4740	10335	PM-MO-10335	J-45 4-pc Double Light, Pole Mounted Military Equipment Parking
	4741	10336	PM-MO-10336	J-45 10-pc Motor Vehicle Area Light Military Equipment Parking
	4742	10342	PM-MO-10342	J-49 1-pc Single Gate, Automatic, Sliding Site Entrance
	4796	10254	PM-QT-10254	J-12 2-pc Chill Water Pump
	4797	10255	PM-QT-10255	J-12 1-pc Glycol Heating Supply Pump
	4798	10256	PM-QT-10256	J-12 1-pc Glycol Heating Supply Pump
	4799	10257	PM-QT-10257	J-12 5-pc Hot Water Pump
	4800	10259	PM-QT-10259	J-12 1-pc Pressure Tank
	4801	10260	PM-QT-10260	J-12 1-pc Glycol feed tank
	4802	10277	PM-QT-10277	J-23 1-pc Ice Maker Machine Cube
	4803	10278	PM-QT-10278	J-23 1-pc Freezer, 2 Section, Reach In
	4804	10279	PM-QT-10279	J-23 1-pc Refrigerator, 2 Section, Reach In
	4805	10281	PM-QT-10281	J-23 1-pc Refrigerator, Household
	4806	10282	PM-QT-10282	J-23 1-pc Refrigerator-Freezer
	4807	10283	PM-QT-10283	J-23 1-pc Refrigerator

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Worf Date: 8/19/19  
Signed: Michael Worf

To be signed by Facility Manager:

Print Name/Rank: Tor Lahr Date: 8/19/19  
Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_