

*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 time line:

CERTIFICATION OF WORK

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

Building: NY023-121 _____

Date of Visit: 7/15/19

Contractor Personnel on Site:

1. MIKE WOLFE 2. _____

Work Performed:

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

PM/SO	WO #	Asset #	PM #	Asset Description
	4370	9313	PM-AN-9313	J-26 2-pc Lavatory, Wall Mounted Rm 102
	4371	9314	PM-AN-9314	J-26 1-pc Urinal, Wet, Flush Valve Rm 102
	4372	9315	PM-AN-9315	J-26 1-pc Toilet, Flush Valve, Wall Mounted Rm 102
	4373	9316	PM-AN-9316	J-26 1-pc Lavatory, Wall Mounted Rm 103
	4374	9317	PM-AN-9317	J-26 1-pc Toilet, Flush Valve, Wall Mounted Rm 103
	4375	9318	PM-AN-9318	J-26 1-pc Janitor Sink, Wall Mounted Rm 1013
	4661	9328	PM-SA-9328	J-52 5-pc Overhead Door, Steel, Roll Up, 16Wx14H
	4662	9329	PM-SA-9329	J-52 1-pc Overhead Door, Steel, Roll Up, 12Wx12H
	4663	9330	PM-SA-9330	J-52 6-pc Overhead Door, Steel, Roll Up, 16Wx16H

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: MIKE WOLFE Date: 7/15/19

Signed: MIKE WOLFE

To be signed by Facility Manager:

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Print Name/Rank: _____

Date: 7/15/13

Signed 

E-Mail: _____