

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: NY023-123

Date of Visit: 6/18/19

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
	3743	9338	PM-AN-9338	J-07 6-pc Exhaust Fan
	3744	9339	PM-AN-9339	J-07 2-pc Air Curtains
	3745	9340	PM-AN-9340	J-07 1-pc Bathroom Exhaust Fan
	3803	9337	PM-FQT-9337	J-04 1-pc Air Handler
	3895	9385	PM-QT-9385	J-57 1-pc Overhead Exhaust System
	3896	9386	PM-QT-9386	J-57 1-pc Overhead Exhaust System
	3897	9387	PM-QT-9387	J-57 1-pc Overhead Exhaust System
	3898	9388	PM-QT-9388	J-57 2-pc Overhead Exhaust System
	4037	9341	PM-SA-9341	J-08 5-pc Unit Heater, Hot Water
	4038	9342	PM-SA-9342	J-08 2-pc Unit Heater, Hot Water
	4039	9343	PM-SA-9343	J-08 3-pc Unit Heater, Hot Water
	4040	9344	PM-SA-9344	J-08 5-pc Unit Heater, Hot Water
	4041	9345	PM-SA-9345	J-08 3-pc Unit Heater, Hot Water
	4042	9377	PM-SA-9377	J-49 1-pc Single Gate, Manual, Sliding East
	4043	9378	PM-SA-9378	J-49 1-pc Single Gate, Manual, Sliding East

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Wolfe Date: 6/18/19

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:

Signed: _____

To be signed by Facility Manager:

Print Name/Rank: _____ Date: 6/16/19

Signed: 

E-Mail: _____