

*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: NY023-123 _____ Date of Visit: 2/15/19

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
	4376	9360	PM-AN-9360	J-26 2-pc Shower, Fiberglass Insert Rm 1003
	4377	9361	PM-AN-9361	J-26 4-pc Lavatory, Wall Mounted Rm 1003
	4378	9362	PM-AN-9362	J-26 3-pc Toilet, Flush Valve, Floor Mounted Rm 1003
	4379	9363	PM-AN-9363	J-26 2-pc Urinal, Wet, Flush Valve Rm 1003
	4380	9364	PM-AN-9364	J-26 1-pc Janitor Sink, Wall Mounted Rm 1003
	4381	9365	PM-AN-9365	J-26 1-pc Shower, Fiberglass Insert Rm 1005
	4382	9366	PM-AN-9366	J-26 2-pc Lavatory, Wall Mounted Rm 1005
	4383	9367	PM-AN-9367	J-26 2-pc Toilet, Flush Valve, Floor Mounted Rm 1005
	4384	9368	PM-AN-9368	J-26 1-pc Lavatory, Countertop Rm 1012
	4664	9379	PM-SA-9379	J-52 1-pc Overhead Door, Steel, Roll Up, 12Wx12H
	4665	9380	PM-SA-9380	J-52 1-pc Overhead Door, Steel, Roll Up, 12Wx12H
	4666	9381	PM-SA-9381	J-52 1-pc Overhead Door, Steel, Roll Up, 12Wx12H
	4667	9382	PM-SA-9382	J-52 2-pc Overhead Door, Steel, Roll Up, 14Wx12H
	4668	9383	PM-SA-9383	J-54 1-pc Key Card Scanner

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To be signed by the Contractor:

Print Name: Michael Wolfe Date: 7/15/19

Signed: Michael Wolfe

To be signed by Facility Manager:

Print Name/Rank: _____ Date: 7/15/19

Signed: [Signature]

E-Mail: _____