

*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: 9/17/19

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
	5198	9337		J-04 1-pc Air Handler
	5289	9385		J-57 1-pc Overhead Exhaust System
	5290	9386		J-57 1-pc Overhead Exhaust System
	5291	9387		J-57 1-pc Overhead Exhaust System
	5292	9388		J-57 2-pc Overhead Exhaust System
	5416	9337		J-04 1-pc Air Handler

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michele I. Wolf Date: 9/17/19

Signed: Michele I. Wolf

To be signed by Facility Manager:

Print Name/Rank: _____ Date: 9/17/19

Signed: [Signature]

E-Mail: _____