

*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: NY023-128 _____ 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
	4390	9410	PM-AN-9410	J-26 1-pc Janitor Sink, Floor Mounted Rm 1013
	4391	9411	PM-AN-9411	J-26 2-pc Lavatory, Countertop Rm 1013
	4392	9412	PM-AN-9412	J-26 2-pc Toilet, Sensor Operated, Flush Valve, Floor Mounted Rm 1013
	4393	9413	PM-AN-9413	J-26 1-pc Shower, Built-In Rm 1013
	4394	9414	PM-AN-9414	J-26 2-pc Shower, Built-In Rm 2011
	4395	9415	PM-AN-9415	J-26 3-pc Lavatory, Countertop Rm 2011
	4396	9416	PM-AN-9416	J-26 4-pc Urinal, Wet, Flush Valve Rm 2011
	4397	9417	PM-AN-9417	J-26 1-pc Janitor Sink, Floor Mounted Rm 2011
	4398	9418	PM-AN-9418	J-26 2-pc Toilet, Sensor Operated, Flush Valve, Floor Mounted Rm 2011

CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: Michael Wolfe

To be signed by Facility Manager:

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

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Signed:  _____

E-Mail: _____