

*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: NY023-206 _____ Date of Visit: 7/2/19

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
	4409	9505	PM-AN-9505	J-26 1-pc Janitor Sink, Wall Mounted Rm B08
	4410	9506	PM-AN-9506	J-26 1-pc Toilet, Flush Valve, Floor Mounted Rm B06
	4411	9507	PM-AN-9507	J-26 1-pc Lavatory, Countertop Rm B06
	4412	9508	PM-AN-9508	J-26 1-pc Toilet, Flush Valve, Wall Mounted Rm 304
	4413	9509	PM-AN-9509	J-26 1-pc Lavatory, Wall Mounted Rm 304
	4414	9510	PM-AN-9510	J-26 2-pc Urinal, Wet, Flush Valve Rm 212
	4415	9511	PM-AN-9511	J-26 2-pc Lavatory, Wall Mounted Rm 212
	4416	9512	PM-AN-9512	J-26 4-pc Shower, Built-In Rm 106
	4417	9513	PM-AN-9513	J-26 5-pc Lavatory, Wall Mounted Rm 106
	4418	9514	PM-AN-9514	J-26 4-pc Toilet, Flush Valve, Floor Mounted Rm 106

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Wolfe Date: 7/2/19
Signed: Michael Wolfe

To be signed by Facility Manager:

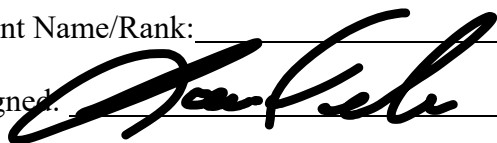
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Print Name/Rank: _____

Date: _____

7/2/19

Signed: _____

A handwritten signature in black ink, appearing to read "Dan Felt", written over a horizontal line.

E-Mail: _____