

*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
	4419	9515	PM-AN-9515	J-26 4-pc Urinal, Wet, Flush Valve Rm 106
	4420	9516	PM-AN-9516	J-26 1-pc Janitor Sink, Wall Mounted Rm 106
	4421	9517	PM-AN-9517	J-26 2-pc Lavatory, Wall Mounted Rm 108
	4422	9518	PM-AN-9518	J-26 2-pc Toilet, Flush Valve, Floor Mounted Rm 108
	4423	9519	PM-AN-9519	J-26 2-pc Shower, Built-In Rm 108
	4675	9531	PM-SA-9531	J-54 1-pc Key Card Scanner
	4676	9532	PM-SA-9532	J-54 1-pc Phone Call Box
	4677	9533	PM-SA-9533	J-54 1-pc Key Punch Pad

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:

Print Name/Rank: _____ Date: 7/2/19
Signed: Frank C.

E-Mail: _____