

\*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: NY023-330 \_\_\_\_\_

Date of Visit: \_\_\_\_\_ 7/1/19

Contractor Personnel on Site:

1. Mikie Wolfe 2. \_\_\_\_\_

### Work Performed:

**Preventive Maintenance** - (Annual, Quarterly, Monthly, equipment identification, etc.)  
**Service Orders** -

PM/SO	WO #	Asset #	PM #	Asset Description
	4431	9580	PM-AN-9580	J-26 2-pc Lavatory, Wall Mounted Rm 108a RestRm
	4432	9581	PM-AN-9581	J-26 1-pc Toilet, Flush Valve, Floor Mounted Rm 108a RestRm
	4433	9582	PM-AN-9582	J-26 2-pc Lavatory, Wall Mounted Rm 215
	4434	9583	PM-AN-9583	J-26 2-pc Toilet, Flush Valve, Floor Mounted Rm 215
	4435	9584	PM-AN-9584	J-26 5-pc Lavatory, Countertop Rm A021
	4436	9585	PM-AN-9585	J-26 4-pc Toilet, Flush Valve, Wall Mounted Rm A021
	4437	9586	PM-AN-9586	J-26 3-pc Urinal, Wet, Flush Valve Rm A020
	4438	9587	PM-AN-9587	J-26 4-pc Lavatory, Countertop Rm A020
	4439	9588	PM-AN-9588	J-26 4-pc Toilet, Flush Valve, Wall Mounted Rm A020
	4440	9589	PM-AN-9589	J-26 3-pc Shower, Built-In Rm A020

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### CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: 7/1/19

Signed: \_\_\_\_\_

To be signed by Facility Manager:

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Print Name/Rank: \_\_\_\_\_

7/1/19

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_