

*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. Mike Wolf 2. _____

Work Performed:

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

| PM/SO | WO # | Asset # | PM # | Asset Description |
|-------|------|---------|------------|---|
| | 4441 | 9590 | PM-AN-9590 | J-26 5-pc Lavatory, Countertop Rm A016 |
| | 4442 | 9591 | PM-AN-9591 | J-26 4-pc Toilet, Flush Valve, Wall Mounted Rm A016 |
| | 4443 | 9592 | PM-AN-9592 | J-26 3-pc Shower, Built-In Rm A016 |
| | 4444 | 9593 | PM-AN-9593 | J-26 3-pc Urinal, Wet, Flush Valve Rm A017 |
| | 4445 | 9594 | PM-AN-9594 | J-26 4-pc Toilet, Flush Valve, Wall Mounted Rm A017 |
| | 4446 | 9595 | PM-AN-9595 | J-26 3-pc Shower, Built-In Rm A017 |
| | 4679 | 9605 | PM-SA-9605 | J-54 2-pc Key Punch Pad |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Wolf Date: 7/1/19

Signed: Michael Wolf

To be signed by Facility Manager:

Print Name/Rank: _____ Date: 7/1/19

Signed: Jawelle

E-Mail: _____