

*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 Wolff 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 Wolff Date: 7/1/19

Signed: Michael Wolff

To be signed by Facility Manager:

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

Signed: Franklin

E-Mail: _____