

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 timeline:

### CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY058-02\_\_\_\_\_ Date of Visit: \_\_\_\_\_

Contractor Personnel on Site:

1. \_\_\_\_\_ 2. \_\_\_\_\_

#### Work Performed:

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

PM/SO	WO #	Asset #	PM #	Asset Description
	2509	10144	PM-FQT-10144	J-04 1-pc Air Handler
	2511	10145	PM-FQT-10145	J-04 1-pc Air Handler
	2513	10150	PM-FQT-10150	J-06 1-pc Fuel Oil Booster Pump for Furnace
	2736	10202	PM-QT-10202	J-57 3-pc Overhead Exhaust System
	2818	10144	PM-SA-10144	J-04 1-pc Air Handler
	2820	10145	PM-SA-10145	J-04 1-pc Air Handler
	2822	10146	PM-SA-10146	J-04 1-pc Variable Frequency Drive
	2824	10147	PM-SA-10147	J-04 1-pc Variable Frequency Drive
	2826	10148	PM-SA-10148	J-04 1-pc Condensing Unit
	2828	10149	PM-SA-10149	J-04 1-pc Condensing Unit
	2830	10150	PM-SA-10150	J-06 1-pc Fuel Oil Booster Pump for Furnace

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### CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

To be signed by Facility Manager:

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 timeline:

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

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

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