

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: 6/24/19

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
	3697	10151	PM-AN-10151	J-07 5-pc Exhaust Fan
	3698	10152	PM-AN-10152	J-07 2-pc Bathroom Exhaust Fan
	3766	10144	PM-FQT-10144	J-04 1-pc Air Handler
	3767	10145	PM-FQT-10145	J-04 1-pc Air Handler
	3768	10150	PM-FQT-10150	J-06 1-pc Fuel Oil Booster Pump for Furnace
	3877	10202	PM-QT-10202	J-57 3-pc Overhead Exhaust System
	3923	10153	PM-SA-10153	J-08 6-pc Unit Heater, Hot Water
	3924	10192	PM-SA-10192	J-49 1-pc Single Gate, Manual, Sliding Southwest
	3925	10193	PM-SA-10193	J-49 1-pc Single Gate, Manual, Swinging Southwest
	3926	10194	PM-SA-10194	J-49 1-pc Single Gate, Manual, Swinging West Entrance
	3927	10195	PM-SA-10195	J-49 1-pc Single Gate, Manual, Sliding West Entrance
	3928	10196	PM-SA-10196	J-49 1-pc Single Gate, Manual, Swinging Northwest Entrance
	3929	10197	PM-SA-10197	J-49 1-pc Double Gate, Manual, Swinging NW Entrance

CERTIFICATION OF WORK

To be signed by the Contractor:

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: Michael Wolfe Date: 6/24/19

Signed: Michael Wolfe

To be signed by Facility Manager:

Print Name/Rank: _____ Date: 6/24/19

Signed: _____

E-Mail: _____