

*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: NY058-02 _____

Date of Visit: 7/25/19

Contractor Personnel on Site:

1. TSG 2. _____

Work Performed:

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

PM/SO	WO #	Asset #	PM #	Asset Description
	4140	10174	PM-AN-10174	J-26 1-pc Janitor Sink, Floor Mounted Rm 200
	4141	10175	PM-AN-10175	J-26 1-pc Hand Wash Station Rm 200
	4142	10176	PM-AN-10176	J-26 1-pc Janitor Sink, Floor Mounted Rm 206
	4143	10177	PM-AN-10177	J-26 1-pc Urinal, Wet, Flush Valve Rm 205
	4144	10178	PM-AN-10178	J-26 1-pc Toilet, Flush Valve, Wall Mounted Rm 205
	4145	10179	PM-AN-10179	J-26 1-pc Lavatory, Wall Mounted Rm 205
	4146	10180	PM-AN-10180	J-26 1-pc Shower, Built-In Rm 205
	4147	10181	PM-AN-10181	J-26 2-pc Toilet, Flush Valve, Wall Mounted Rm 204
	4148	10182	PM-AN-10182	J-26 1-pc Lavatory, Wall Mounted Rm 204
	4149	10183	PM-AN-10183	J-26 1-pc Shower, Built-In Rm 204
	4600	10200	PM-SA-10200	J-52 2-pc Overhead Door, Steel, Roll Up, 16Wx15H
	4601	10201	PM-SA-10201	J-54 1-pc Key Pad

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Wolfe Date: 7/25/19

Signed: Michael Wolfe

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To be signed by Facility Manager:

Print Name/Rank: SFC Tim Bullock Date: 7/25/19

Signed: 

E-Mail: _____