

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: NY058-104 _____ Date of Visit: 5/28/19

Contractor Personnel on Site:

1. Mike Wolfe 2. _____

Work Performed:

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

PM/SO	WO #	Asset #	PM #	Asset Description
	3419	10276	PM-AN-10276	J-22 1-pc # 2 Fuel Oil Tank
	3420	10330	PM-AN-10330	J-42 40-pc Lightning Rod
	3428	10335	PM-MO-10335	J-45 4-pc Double Light, Pole Mounted Military Equipment Parking
	3429	10336	PM-MO-10336	J-45 10-pc Motor Vehicle Area Light Military Equipment Parking
	3430	10342	PM-MO-10342	J-49 1-pc Single Gate, Automatic, Sliding Site Entrance
	3484	10254	PM-QT-10254	J-12 2-pc Chill Water Pump
	3485	10255	PM-QT-10255	J-12 1-pc Glycol Heating Supply Pump
	3486	10256	PM-QT-10256	J-12 1-pc Glycol Heating Supply Pump
	3487	10257	PM-QT-10257	J-12 5-pc Hot Water Pump
	3488	10259	PM-QT-10259	J-12 1-pc Pressure Tank
	3489	10260	PM-QT-10260	J-12 1-pc Glycol feed tank
	3490	10277	PM-QT-10277	J-23 1-pc Ice Maker Machine Cube
	3491	10278	PM-QT-10278	J-23 1-pc Freezer, 2 Section, Reach In
	3492	10279	PM-QT-10279	J-23 1-pc Refrigerator, 2 Section, Reach In
	3493	10281	PM-QT-10281	J-23 1-pc Refrigerator, Household

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To be signed by the Contractor:

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Print Name: MICHAEL WOLFE Date: 5/28/19

Signed: Michael Wolfe

To be signed by Facility Manager:

Print Name/Rank: [Signature] Date: 5/28/19

Signed: _____

E-Mail: _____