

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: NY023-200 _____ 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
	1801	9449		J-24 1-pc Beverage Dispenser, Cold, Electric
	1802	9450		J-24 1-pc Beverage Dispenser, Cold, Electric
	1803	9451		J-24 1-pc Microwave, Electric
	1804	9452		J-24 1-pc Serving Counter, Cold Food Table, Electric
	1805	9453		J-24 1-pc Serving Counter, BEVERAGE
	1806	9454		J-24 1-pc Coffee Maker
	1807	9456		J-24 2-pc Range, Standard Oven, Electric
	1808	9457		J-24 1-pc Serving Counter, Hot Food Table
	1809	9458		J-24 1-pc Meat Slicer
	1810	9459		J-24 1-pc Coffee Maker
	1811	9460		J-24 1-pc Meat Slicer
	1812	9461		J-24 1-pc Tilting Skillet/ Braising Pan
	1813	9462		J-24 1-pc Meat Slicer
	1814	9463		J-24 1-pc Can Opener
	1815	9464		J-24 1-pc Food Mixer

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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

Signed: _____

To be signed by Facility Manager:

Print Name/Rank:  Date: 1-8-19

Signed: _____

E-Mail: _____