

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. WO 6831- LIGHTS 2. _____

Work Performed:

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

PM/SO	WO #	Asset #	PM #	Asset Description
	6656	9465		J-24 1-pc Prep Table
	6657	9466		J-24 1-pc Potato Peeler
	6658	9467		J-24 1-pc Dishwasher
	6659	9468		J-24 1-pc Prep Table
	6660	9469		J-24 1-pc Prep Table
	6661	9470		J-24 1-pc Sink Disposer
	6662	9471		J-24 1-pc Water Heater, Booster, Electric
	6663	9472		J-24 1-pc Food Mixer
	6664	9473		J-24 1-pc Oven, Pizza
	6665	9474		J-24 2-pc Oven, Convection
	6666	9475		J-24 1-pc Food Warmer, Cabinet, Electric
	6667	9476		J-24 1-pc Serving Counter, Hot Food Table
	6795	9435		J-14 1-pc Dehumidifier
	6796	9491		J-52 1-pc Overhead Door, Steel, Roll Up, 13Wx10H
	6797	9492		J-52 1-pc Overhead Door, Steel, Roll Up, 17Wx15H
	6798	9494		J-56 1-pc Overhead Door, Aluminum, Roll Up, 10Wx3H
	6799	9495		J-56 1-pc Overhead Door, Aluminum, Roll Up, 10Wx3H

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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: _____