

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: 1/02/19

Contractor Personnel on Site:

1. MR WNF 2. _____

Work Performed:

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

PM/SO	WO #	Asset #	PM #	Asset Description
	1683	10284		J-24 1-pc Serving Counter, Cold Food Table, Electric
	1684	10285		J-24 1-pc Serving Counter, Cold Food Table, Electric
	1685	10286		J-24 1-pc Serving Counter, Hot Food Table, Electric
	1686	10287		J-24 1-pc Serving Counter, Cold Food Table, Electric
	1687	10288		J-24 1-pc Food Warmer, Cabinet, Mobile, Electric
	1688	10289		J-24 2-pc SS Serving Tables
	1689	10290		J-24 1-pc Potato Peeler
	1690	10291		J-24 1-pc Food Mixer
	1691	10292		J-24 1-pc Oven, Convection, Double Deck Electric
	1692	10294		J-24 1-pc Coffee Maker (3 Pot Brewer)
	1693	10295		J-24 1-pc Sink Heater
	1694	10296		J-24 1-pc Sink Heater
	1695	10297		J-24 1-pc Microwave, Electric

CERTIFICATION OF WORK

To be signed by the Contractor:

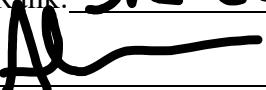
Print Name: _____ Date: 1/22/19

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:

Signed: _____

To be signed by Facility Manager:

Print Name/Rank: SFC CUEVAS Date: 1/22/19

Signed: 

E-Mail: _____