

# CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY-058#104 Date of Visit: 10/28/19

Contractor Personnel on Site:

1. TSO 2. \_\_\_\_\_

## Work Performed:

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

| Asset #     | Qty        | Asset Description                                |
|-------------|------------|--|
| CSS # 21411 | WO# 2-5657 |  |
|             |            | 9 TAGGED BALLASTS 2ND FLOOR AIR HANDLER          |
|             |            | Mechanical Room - 1st Floor By CAGOS             |
|             |            | 8 TAGGED BALLASTS 3rd Floor 1st Floor Hallway in |
|             |            | Front of STAIRCASE C 2 Tagged Ballasts.          |
|             |            | 1st Floor mens Room 3 Tagged Ballasts.           |
|             |            | 1st Floor 3 TAGGED BALLAST OFFICE AREA Entrance  |
|             |            | 2ND FLOOR 219 Break Room 4 Tagged                |
|             |            | Ballasts - 2ND FLOOR 3 TAGGED BALLAST            |
|             |            | IN the Outer Office Area RM 109                  |
|             |            |  |
|             |            |  |
|             |            |  |
|             |            |  |

## CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: Mike Wolfe Date: 10/28/19

Signed: Mike Wolfe

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Kenneth Gonzalez Date: 10/28/19

Signed: 

E-Mail: Kenneth.GonzalezOrtiz.mil@gmail.com





