

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 7/27/23

Contractor Personnel on Site:

1. Andy Hunold 3. _____
2. _____ 4. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S 22165, 22213, 22214, 22215, 22216, 22300, 22301, 22302, 22302, 22303, 22304, 22364, 22428, 22454, 22455, 22537, 22538, 22539, 22540, 22541, 22542, 22646, 22655, 22690, 22429, 22456, 22543, 22544, 22545, 22691, 22430, 22546, 22692
3. ASSET#'S , 190917-423, 190917-424, 190917-427, 190917-428, 10552, 10553, 10554, 10555, 10547, 10548, 10549, 10550, 10558, 10612, IL-55, 10610, 10615, 10556, 10557, 10611, 10617, 10618, 106119, 190917-451, 190917-450, 190917-423, 190917424, 190917-425, 190917-426, 5. 190917-427, 190917-428, 190917429, 190917-448, IL-56, 10641, 10623, 10624, 10625, 190917-460, IL-57, 10642, 190917-462

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Karlee Demain Date: 7/27/23

Signed: Karlee Demain

To be signed by Facility Manager:

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:

Print Name/Rank: _____ Date: _____

Signed: _____

E-Mail: _____