

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NYUG Date of Visit: 4/22/21

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>ERIC TAYLOR</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

1. GSA parking lot door lock cylinders serviced. Confirmed
2. all provided keys were working
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Eric Taylor Date: 4/22/21

Signed: 

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: Peter Boyle RFOS Date: 22 APR 21

Signed: 

E-Mail: Peter.J.Boyle1.Div@M2L.ML