

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 7/19/22

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 3. _____ |
| 2. _____                | 4. _____ |

**Work Performed:**

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

1. WO#'S , 17878-17886 , 18133-18136 , 18181 ,
2. 18193 , 17887-17892 , 18137 , 18138 , 18182
3. ASSET#'S , 9231-9239 , 9215 , 9246 , 9248 ,
4. 9249 , 9255-9260 , 9251 , 9264 , 190917-,
5. 120-123 , 131 , 142

-----

**CERTIFICATION OF WORK**

To be signed by the Contractor:

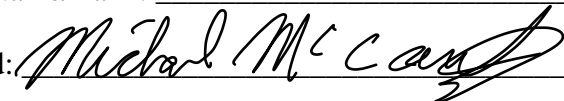
Print Name: Patrick Brown Date: 7/19/22

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: Mike McCarthy Date: 7/19/22

Signed: 

E-Mail: \_\_\_\_\_

~~SIGNATURE:~~

**START TIME:** 11am

**FINISH TIME:** 12pm

Kitchen/Assembly hall

Kitchen/Assembly hall		9246,
LOCATION/RM #:	WO# 18134-	ASSET # 9248,
	18136	9249,

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed discription of the deficiency.

**Additional Notes:**