

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY035 Date of Visit: 11-19-18

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. 1266 QT, 1267 QT, 1268 QT, 1269 QT, 1270 QT, 1271 QT, 1272 QT, 1273 QT
2. 1274 QT, 1275 QT, 1276 QT, 1277 QT
3. Fridge, Freezer, Water Heater, Emergency Light, Emergency Exit Sign, Fridge, Water Heater,
4. Exit Sign
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 11-19-18

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: _____ Date: _____

Signed: 

E-Mail: douglas.rushlo.ctny@mail.mil