

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 12/23/22

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 , 19804 , 19805 , 19872 , 19873 , 19925 , 19987 ,
2. 19988 , 20140 , 20167 , 19806 , 19807 , 19926 , 19958 , 19989 ,
3. 19990 , 20168 ,
4. ASSET#'S , 10035 , 10036 , 10066 , 10069 , 10042 , 10065 ,
5. 10073 , 10077 , 10080 , 10075 , 10076 , IL36 , IL37 , 190917-,
- 294 , 299 , 292 , 293 , 297 , 298 , 300 , 303 , 304 , 305 , 306 ,

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12/23/22

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: SGT Tanner, Shane Date: 12/23/22

Signed: 

E-Mail: _____