

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY010 Date of Visit: 2/10/26

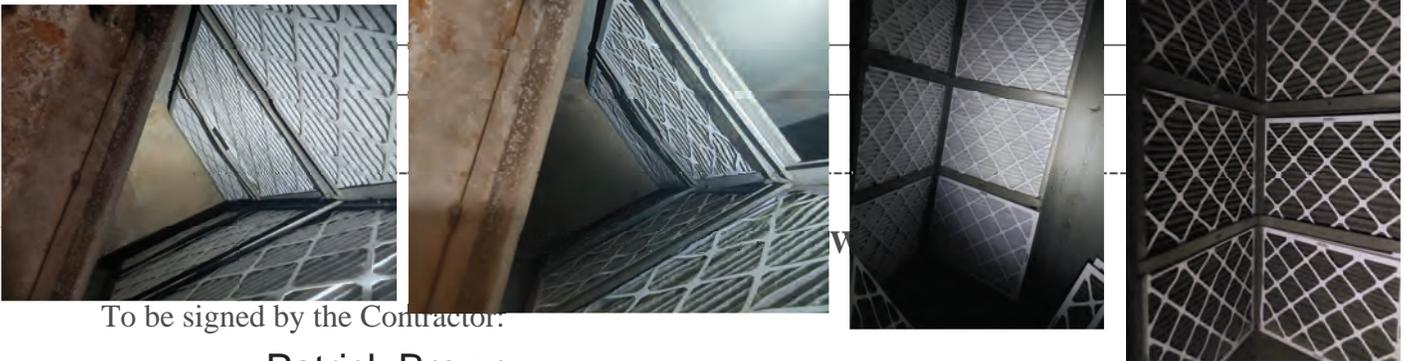
Contractor Personnel on Site:

1. Patrick Brown
2. _____
3. _____
4. _____

Work Performed:

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

1. WO#'S , 20988 , 21025 , 21092 , 21142 , 21026 , 21027
2. ASSET#'S , 3069 , 3070 , 3071 , 3072 , 3355 , 3356 , G001 ,
3. 7276 , 6986 , G002 , G003



To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/10/26

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: John Wolfe Date: 2/10/26

Signed: _____

E-Mail: _____