

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY010 Date of Visit: 6/10/25

Contractor Personnel on Site:

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

**Work Performed:**

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

1. WO#'S , 18920 , 19036 , 19043 , 18921 ,
2. 18922,
3. ASSET#'S , G001 , 4922 , 4923 , 4924 ,
4. 4925 , 4926 , 5013 , 4987 , G002 , G003
5.

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**CERTIFICATION OF WORK**

To be signed by the Contractor:


Print Name: Patrick Brown Date: 6/10/25

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: Chanel Stasio Date: 6/10/25

Signed: 

E-Mail: