

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY010 Date of Visit: 3/2/26

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 , 21242 , 21321 , 21337 , 21344 , 21243 , 21244 ,
- 2. ASSET#'S , G001 , 3375 , 4922 , 4923 , 4924 , 4925 , 4926 ,
- 3. 5013 , 4987 , G002 , G003



CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 3/2/26

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: Kath Julia Date: 3/2/26

Signed:  _____

E-Mail: _____