

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: NY010 Date of Visit: 3/27/2024

Contractor Personnel on Site:

1. <u>Bill Davis</u>	3. _____
2. _____	4. _____

Work Performed: monthly pm

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

1. WO 15026 Asset G001
2. WO 15108 Asset 3375
3. WO 15124 Asset 4922, 4923, 4924, 4925, 4926, 5013
4. WO 15131 Asset 4987
5. WO 15027 Asset G002
5. WO 15028 Asset G003

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Julie Pape Date: 4/2/24

Signed: Julie Pape

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: 4/2/24

Signed: CS

E-Mail: _____