

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY065 Date of Visit: 3/28/2024

Contractor Personnel on Site:

- | | |
|----------------------|------------|
| 1. <u>Bill Davis</u> | 3. <u></u> |
| 2. <u></u> | 4. <u></u> |

Work Performed: monthly pm


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

1. WO 15036 Asset G011
2. WO 15037 Asset G012
3. WO 15035 Asset G010
4. WO 15103 Asset G166
5. WO 15134 Asset 5014
5. WO 15136 Asset 5018

CERTIFICATION OF WORK

To be signed by the Contractor:

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

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: 4/2/24

Signed: 

E-Mail: chanelmusette@gmail.com