

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY052 Date of Visit: 11/8/23

Contractor Personnel on Site:

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

Work Performed:

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

- | |
|---|
| 1. <u>WO#'S, 14128,14126,14220,14127,14203,</u> |
| 2. <u>ASSET#'S,</u> |
| 3. <u>G009,G007,G008,3241,3242,3248,3243,3399</u> |
| 4. _____ |
| 5. _____ |

CERTIFICATION OF WORK

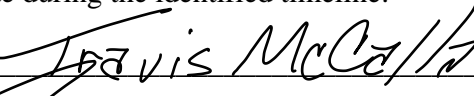
To be signed by the Contractor:

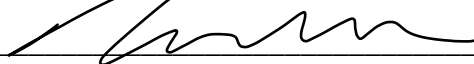
Print Name: Patrick Brown Date: 11/8/23

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:  Davis McCauley Date: 11/8/23

Signed: 

E-Mail: _____