

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 12/22/22

Contractor Personnel on Site:

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

Work Performed:

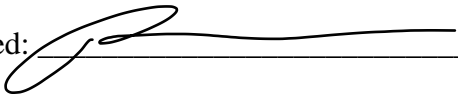
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S , 19838 , 19839 , 19840 , 19905 , 20080 ,
2. 20081 , 20137 , 20144 , 20154 , 19906 , 19971 ,
3. 20082 , 20155
4. ASSET#'S , 9209 , 9210 , 9211 , 9213 , 9242 , 9265 ,
5. 9250 , 190917-, 131,133,134,129,130,143, IL12 , IL13

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12/22/22

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: Michael McCarthy Date: 12/22/22

Signed: 

E-Mail: _____