

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 5/11/23

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. WO#'S , 21854 , 22006 , 22007 , 22008 , 22009 , 22010 ,
2. 22011 , 22012 , 22081 , 22087 , 22102 , 22185 , 22019 ,
3. 22014 , 22015,
4. ASSET#'S , IL-12 , 9220 , 9222 , 9240 , 9241 , 9243 , 9244 ,
5. 9245 , 9261 , 9262 , 9263 , IL-13 , 190917-,
6. 131,102,103,132,127,128

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 5/11/23

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: Sanchez Cerinon/SFC Date: 5/11/23

Signed: 

E-Mail: _____