

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 9/12/23

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 , 23829 , 23830 , 23885 , 23886 , 23940 , 23941 ,
 2. 23942 , 24012 , 24199 , 24200 , 24201 , 24202 , 24243 , 24251 ,
 3. 24260 , 24013 , 24083 , 24261 ,
 4. ASSET#'S , 9218 , 9219 , 9209 , 9210 , 9211 , IL-12 , 9216 ,
 5. IL-13 , 9265 , 190917-,
 5. 131,133,134,104,105,106,107,108,109,110,111,112,113,114,115,
 5. 116,117,118,138,139,140
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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 9/12/23

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: LEE MACKAY Date: 9/12/23

Signed: _____

E-Mail: _____