

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY030 Date of Visit: 1/12/23

Contractor Personnel on Site:

1. Patrick Brown 3. _____
2. _____ 4. _____

Work Performed:

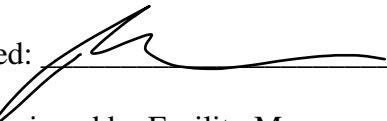
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S, 11552 , 11690 , 11553 , 11551 , 11683 , 11699 ,
2. 11733
3. ASSET#'S , 4508 , 4462 , 4615 , G005 , G006 , G004 ,
4. G084
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

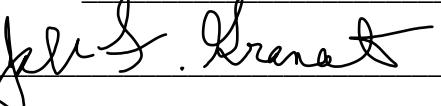
Print Name: Patrick Brown Date: 1/12/23

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: JOHN GRANATA Date: 1/12/23

Signed: 

E-Mail: _____