

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

**Work Performed:**

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

- |  |
|--|
| 1. <u>WO#'S, 11552 , 11690 , 11553 , 11551 , 11683 , 11699 ,</u> |
| 2. <u>11733</u>  |
| 3. <u>ASSET#'S , 4508 , 4462 , 4615 , G005 , G006 , G004 ,</u>   |
| 4. <u>GO84</u>   |
| 5. _____   |

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

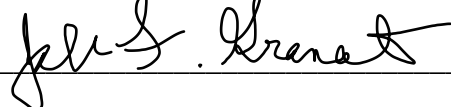
Print Name: Patrick Brown Date: 1/12/23

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: \_\_\_\_\_