

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY030 Date of Visit: 5/19/23

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 , 12591 , 12592 , 12590 , 12694 ,
2. ASSET#'S , G005 , G006 , G004 , 3211 ,
3. 3225 , 3230 , 6656 , 6657 , 6658 , 6660 ,
4. 6662 , 6663 , 6664 , 6665 , 6666 , 6667
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: Patrick Brown Date: 5/19/23

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: 5/19/23

Signed: 

E-Mail: _____