

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY030 Date of Visit: 11/14/23

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 , 14124,14125,14123,14224,</u> |
| 2. <u>ASSET#'S,</u> |
| 3. <u>G005,G006,G004,3211,3225,3230,6656,665</u> |
| 4. <u>7,6658,6660,6662,6663,6664,6665,6666,666</u> |
| 5. _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

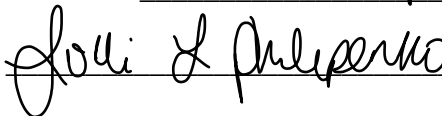
Print Name: Patrick Brown Date: 11/14/23

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: Joceli Philipenko Date: 11/14/23

Signed: 

E-Mail: _____