

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 8/17/23

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 , 23403 , 23404 , 23431 , 23624 , 23625 , 23626 ,
  2. 23627 , 23685 , 23693 , 23694 , 23708 , 23709 , 23717 , 23728 ,
  3. 23738 , 23739 , 23432 , 23628 , 23629 , 23695 , 23433 , 23630 ,
  4. 23631 ,
  5. ASSET#'S , 9932 , 9935 , IL-31 , 9898 , 9929 , 9933 , 9934 ,
  6. 9930 , IL-32 , 9940 , 9941 , IL-33 , 9946 , 9947 , 190917-,253 ,
  7. 254 , 269 , 250 , 251,263,268,243,244,271,273
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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/17/23

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: DEEKL ELWART / F4571 Date: 8/17/23

Signed: 

E-Mail: \_\_\_\_\_