

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 1/11/23

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 , 19797 , 19870 , 19871 , 19892 , 19893 , 19922 ,
2. 20129-20135 , 20139 , 20145 , 20164 , 19986 , 20165 , 19924 ,
3. 20166
4. ASSET#'S , 9891 , 9896 , 9932 , 9894 , 9895 , 9897 , 9931 ,
5. 9943 , 9939 , 190917-, 248,269,264,267,270,274,275 , IL-31 ,
5. IL-33

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 1/11/23

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: MIKE SHIFFLETT Date: 1/11/23

Signed: 

E-Mail: _____