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. Patrick Brown
2. _____
3. _____
4. _____

Work Performed:

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

1. WO#'S , 23065 , 23066 , 23067 , 23068 , 23069 , 23070 , 23071 , 23072 , 23073 , 23074 , 23075 , 23076 , 23077 , 23078 , 23079 , 23080 , 23081 , 23082 , 23083 , 23084 , 23085 , 23086 , 23087 , 23089 , 23090 , 23114 , 23115 , 23142 , 23261 , 23262 , 23263 , 23274 , 23286 , 23312 , 23143 , 23264 , 23144 , 23265
2. ASSET#'S , 9903 , 9904 , 9905 , 9906 , 9907 , 9908 , 9909 , 9910 , 9911 , 9912 , 9913 , 9914 , 9915 , 9916 , 9917 , 9918 , 9919 , 9920 , 9921 , 9922 , 9923 , 9925 , 9926 , 9927 , 9928 , 9932 , 9935 , 9936 , 9937 , 9938 , 9942 , 9948 ,
3. 190917-,255,256,257,258,259,260,261,262,269,246,247,IL-31,IL-32,IL-33
4.
5.

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: DEREK EDWARDS / FACSTF Date: 8/17/23

Signed: _____

E-Mail: _____