

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 9/8/23

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 , 23793 , 23842 , 23906 , 23972 , 23973 , 24001 ,
2. 24002 , 24029 , 24236 , 24245 , 24252 , 24268 , 24030 ,
3. 24098 , 24031
4. ASSET#'S , 9902 , 9691 , 9896 , 9932 , 9935 , 9891 ,
5. 9943 , IL-31 , IL-32 , IL-33 , 190917-, 248,269,264,249,

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 9/8/23

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: ANGEL YANEZ Date: 9/8/23

Signed: 

E-Mail: _____