

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 8/15/23

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# , 23364 , 23383 , 23384 , 23436 , 23469 , 23470 , 23471 ,
2. 23471 , 23472 , 23632 , 23633 , 23696 , 23718 , 23729 , 23740 ,
3. 23741 , 23437 , 23634
4. ASSET#'S , 10043 , 10066 , 10069 , IL-36 , 10044 , 10045 ,
5. 10067 , 10068 , 10043 , 10063 , IL-37 , 10079 , 190917-,
6. 288,294,299,280,281,282,283,284,295,296,279,286,301

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/15/23

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: Justin Drinkwine Date: 8/15/23

Signed: _____

E-Mail: _____