

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 1/26/23

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 , 20373 , 20374 , 20426 , 20459 , 20460 ,
2. 20557 , 20569 , 20583 , 20427 , 20461 , 20570
3. ASSET#'S , 10066 , 10069 , 10070 , 10071 , 10078 ,
4. 190917-, 294,299,277,285,302 , IL-36 , IL-37
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 1/26/23

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: Felix Date: 1/26/23

Signed: 

E-Mail: _____