

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 7/7/23

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 , 22733 , 22734 , 22735 , 22736 , 22737 , 22738 , 22739 ,
 2. 22740 , 23094 , 23095 , 23147 , 23180 , 23181 , 23275 , 23287 ,
 3. 23299 , 23313 , 23148 , 23182 , 23276 , 23300,
 4. ASSET#'S , 10055 , 10056 , 10057 , 10058 , 10059 , 10060 , 10061 ,
 5. 10062 , 10066 , 10069 , IL-36 , 10070 , 10071 , 10078 , IL-37 ,
- 190917-, 289, 290, 294, 299, 277, 285, 307, 308, 309, 310, 302

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 7/7/23

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: Noah Ingerson/AFO Date: 7/7/2023

Signed: _____

E-Mail: _____