

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 7/25/23

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Andy Hunold</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

- | | |
|----|--|
| 1. | WO#'S 22185, 22186, 22187, 22188, 22283, 22284, 22358, 22359, 22409, |
| 2. | 22493, 22494, 22654, 22681, 22189, 22285, 22286, 22410, 22447, 22495, |
| 3. | 22496, 22682 |
| 4. | ASSET#'S 10038, 10039, 10040, 10041, 10035, 10036, 10066, 10069, IL-36, |
| 5. | 10042, 10065, 190917-294, 190917-299, 190917-292, 190917-293, |
| | 190917-297, 190917-298, 190917-300, 10074, 10073, 10077, IL-37, 10080, |
| | 10075, 190917-303, 190917-304, 190917-305, 190917-306 |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

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: _____ Date: _____

Signed: _____

E-Mail: _____