

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. Andy Hunold 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, 22493, 22494, 22654, 22681, 22189, 22285, 22286, 22410, 22447, 22495, 22496, 22682
3. ASSET#'S 10038, 10039, 10040, 10041, 10035, 10036, 10066, 10069, IL-36, 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: _____