CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE

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

FACID/Building: NY051 Date of Visit: 9/7/23

Contractor Personnel on Site:

1. Patrick Brown
2. _____
3. _____
4. _____

Work Performed:

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

1. WO#'S , 23800 , 23801 , 23802 , 23843 , 23844 , 23845 , 23846 ,
2. 23907 , 23908 , 2398123982 , 24034 , 24107 , 24108 , 24109 ,
3. 24237 , 24246 , 24269 , 23909 , 23910 , 24035 , 24072 , 24110 ,
4. 24111
5. ASSET#'S , 10051 , 10052 , 10053 , 10064 , 10035 , 10036 , 10066 , 10069 , IL-36 , 10046 , 10073 , 10077 , IL-37 , 10080 , 190917- ,276,291,294,299,278

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 9/7/23

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: Nick Ingerson / AFOS Date: 9/7/23

Signed: _____

E-Mail: _____