

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY052 Date of Visit: 3/31/23

Contractor Personnel on Site:

- |                         |            |
|-------------------------|------------|
| 1. <u>Patrick Brown</u> | 3. <u></u> |
| 2. <u></u>              | 4. <u></u> |

**Work Performed:**

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

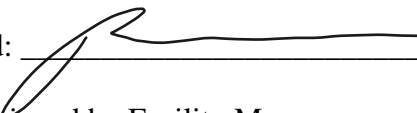
1. WO# , 12384 , 12382 , 12457 , 12383
2. ASSET#'S , G009 , G007 , G008 , 4547
3.
4.
5.

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 3/31/23

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: Robert Owens Date: 3/31/23

Signed: 

E-Mail: