

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY052 Date of Visit: 8/14/23

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. <u>WO#'S , 13473 , 13471 , 13549 , 13585 ,</u> |
| 2. <u>13462 , 13472</u>                           |
| 3. <u>ASSET#'S , GOO9 , GOO7 , 6811 , 6883 ,</u>  |
| 4. <u>7030 , 3399 , GOO8</u>                      |
| 5. <u></u>  |

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

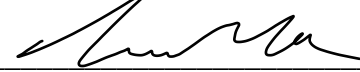
Print Name: Patrick Brown Date: 8/14/23

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: Tyler McClellan / SSG Date: 8/14/23

Signed: 

E-Mail: