

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY052 Date of Visit: 7/27/23

Contractor Personnel on Site:

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

Work Performed:

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

1. WO#'S , 13078 , 13168 , 13076 , 13169 , 13240 ,
2. 13274 , 13297 , 13307 , 13335 , 13062 , 13077 ,
3. 13170 , 13282 ,
4. ASSET#'S , GOO9 , G161 , G007 , G162 , 4547 ,
5. 4166 , 4168 , 4216 , 4512 , 4567 , 4547 , 7088 , 7097 ,
6. 7116 , G085 , 6729 , GOO8 , G163 , 4261 , 4313 , 4467

CERTIFICATION OF WORK

To be signed by the Contractor:

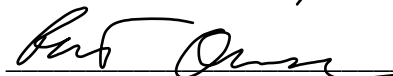
Print Name: Patrick Brown Date: 7/27/23

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: Owens, Robert Date: 7/27/23

Signed: 

E-Mail: _____