

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY010 Date of Visit: 7/28/25

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 19246 G011 WO 19339 G164
2. WO 19247 G012 WO 19340 G165
3. WO 19245 G010
4. WO 19341 G167
5. WO 19469 G086

**CERTIFICATION OF WORK**

To be signed by the Contractor:


Print Name: Patrick Brown Date: 7/28/25

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: Chanel Stasio Date: 7/28/25

Signed: 

E-Mail: \_\_\_\_\_