CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE

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

FACID/Building: NY067 Date of Visit: 4/6/23

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 , 21535 , 21536 , 21537 , 21612 , 21675 , 21699 , 21700 ,
2. 21709 , 21723 , 21538 , 21539 , 21540 , 21599 , 21676 , 21701 ,
3. 21724 , 21677 , 21725
4. ASSET#'S , 10561 , 10562 , 10563 , 10612 , 10626 , 10627 ,
5. 10629 , 190917-, 435,436,437,453,450,421,456,454,461 , IL-55 , IL-56 , IL-57

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 4/6/23

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: Noah Ingerson Date: 4/6/23

Signed: _____

E-Mail: _____