

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 8/2/23

Contractor Personnel on Site:

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

Work Performed:

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

WO#'S , 23374 , 23389 , 23455 , 23535 , 23536 , 23537 , 23538 ,
1. 23539 , 23540 , 23541 , 23646 , 23647 , 23719 , 23731 , 23744 , 23745 ,
2. 23456 , 23542 , 23543 , 23544 , 23732 , 23746 , 23457 , 23545 , 23546
3. ASSET#'S , 10568 , 10612 , IL-55 , 10559 , 10560 , 10566 , 10567 ,
4. 10568 , 10613 , 10614 , 10608 , 10609 , IL-56 , 10636 , 10637 , 10638 ,
5. IL-57 , 10643 , 10644 , 190917- ,
450,430,431,432,433,446,449,434,447,452,455,458,459

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/2/23

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: Donna Zaleski Date: 8/2/23

Signed: 

E-Mail: _____