

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 1/10/23

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 , 20275-20286 , 20379 , 20445 , 20488 -20490 ,
 2. 20558 , 20572 , 20446 , 20491 , 20492 , 20573 , 20447 ,
 3. 20493 , 20494 , 20574
 4. ASSET #'S , 10570-10581 , 10612 , 10620-10622 , 10639 ,
 5. 10640 , 10645 , 10646 , 190917-, 450,421,454,461,
- IL-55 ,IL-56 , IL-57 ,

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 1/10/23

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: AMMIE MEARERO Date: 1/10/23

Signed: _____

E-Mail: _____