CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE

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

FACID/Building: NY067 Date of Visit: 7/13/23

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, 22825 , 22826 , 22827 , 22828 , 22829 , 22830 , 22831 , 22832 , 22833 ,
2. 22834 , 22835 , 22836 , 22837 , 22838 , 22839 , 22840 , 22841 , 22842 , 22843 ,
3. 22844 , 22845 , 22846 , 22847 , 23100 , 23166 , 23209 , 23210 , 23211 , 23278 ,
4. 23288 , 23302 , 22848 , 22849 , 22850 , 22851 , 22852 , 22853 , 23167 , 23212 ,
5. 23213 , 23279 , 23303 , 23168 , 23214 , 23215 , 23304
ASSET#'S, 10582 , 10583 , 10584 , 10586 , 10587 , 10588 , 10589 ,
10590 ,10591 , 10592 , 10593 , 10596 , 10597 , 10598 , 10599 , 10600 , 10601 ,
10602 , 10603 , 10604 , 10605 , 10606 , 10607 , 10612 , IL-55 , 10620 , 10622 ,
10630 , 10631 , 10632 , 10633 , 10634 , 10635 , IL-56 , 10639 , 10640 , IL-57 ,
10645 , 10646 , 190917-, 438,439,440,441,442,443,444,445,450,421,457,454,461

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 7/13/23

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: _____ Date: 7/13/23

Signed: _____

E-Mail: _____