

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 3/20/23

Contractor Personnel on Site:

1. Patrick Brown 3. _____
2. _____ 4. _____

Work Performed:

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

1. WO#'S , 21091 , 21112 , 21113 , 21114 , 21115 , 21116 ,
2. 21169 , 21235 , 21256 , 21257 , 21335 , 21336 , 21337 ,
3. 21338 , 21339 , 21415 , 21439 , 21236 , 21258 , 21237
4. ASSET#'S , 10547 , 10548 , 10549 , 10550 , 10558 , 10612 ,
5. 10610 , 10615 , 10641 , IL-55 , IL-56 , IL-57 , 190917-,
423,424,427,428,450,422

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 3/20/23

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: 3/20/23

Signed: 

E-Mail: _____