CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE

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

FACID/Building: NY067 Date of Visit: 9/11/23

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 , 23796 , 23819 , 23820 , 23821 , 23871 , 23872 ,
2. 23923 , 23924 , 23925 , 23926 , 23927 , 23987 , 24053 , 24079 ,
3. 24080 , 24164 , 24165 , 24166 , 24167 , 24168 , 24239 , 24247 ,
4. 24272 , 23822 , 23873 , 24054 , 24081 , 24055,
5. ASSET#'S , 10564 , 10565 , 10569 , 10547 , 10548 , 10549 , 10550 , 10558 , 10612 , IL-55 , 10610 , 10615 , 10628 , IL-56 , 10641 , IL-57 , 190917-, 423,424,427,428,420,450,422

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 9/11/23

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: 9/11/23

Signed: _____

E-Mail: _____