

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY070 Date of Visit: 8/7/23

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 , 13479 , 13454 , 13477 , 13537 ,
2. 13591 , 13458 , 13478 , 13574
3. ASSET#'S , GO15 , 3181 , 3182 , 3183 ,
4. 3184 , 3351 , 3353 , 3354 , G013 , 7277 ,
5. 7060 , 3352 , G014 , 6988

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/7/23

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: JOHN GRANATA Date: 8/7/23

Signed: _____

E-Mail: john.f.granata.ctr@army.mil