

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY070 Date of Visit: 12/6/23

Contractor Personnel on Site:

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

Work Performed:

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

1. WO#' ,
2. 14323,14484,14485,14321,14379,14404,14405,14469,1432
3. 2,14407,14408,14471,
4. ASSET#'S ,
5. G015,3919,3920,G013,4630,46314632,4658,4675,4681,48
33,4834,4835,4836,4850,4851,4852,4864,4930,4933,4941,
4985,4986,4989,4837,4862,4863,3559,3586,3596,G014,48

54,4855,3609,3868,3869,3887,3927

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12/6/23

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: 12/6/23

Signed: 

E-Mail: _____