

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY070 Date of Visit: 2/16/23

Contractor Personnel on Site:

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

Work Performed:

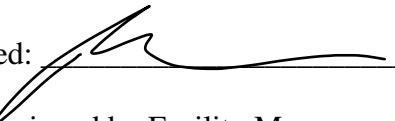
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S , 11869 , 11844 , 11867 , 11957 ,
2. 12011 , 11848 , 11868 , 11992
3. ASSET#'S , 3181 , 3182 , 3183 , 3184 ,
4. 3351 , 3353 , 3354 , 7060 , 7277 , 7060 ,
5. 3352 , 6988 , GO14 , GO13 , GO15

CERTIFICATION OF WORK

To be signed by the Contractor:

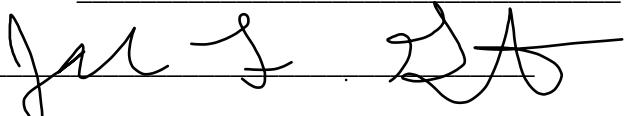
Print Name: Patrick Brown Date: 2/16/23

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: 2/16/23

Signed: 

E-Mail: _____