

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY070 Date of Visit: 1/9/23

Contractor Personnel on Site:

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

Work Performed:

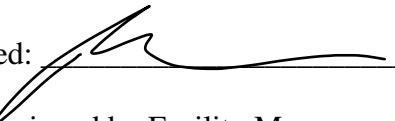
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S , 11562 , 11560 , 11674 , 11736 , 11561 ,
2. 11681 ,
3. ASSET#'S , G0-,13,14,15,87 , 4224 , 4245 , 4250 ,
4. 4491 , 4605 , 4364 , 4374 , 4376 , 4377 , 4378 , 4387 ,
5. 4388 , 4389 , 4528 , 4553 , 4592

CERTIFICATION OF WORK

To be signed by the Contractor:

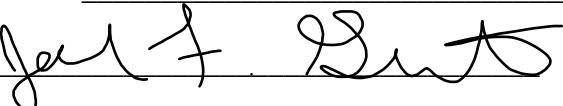
Print Name: Patrick Brown Date: 1/9/23

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: 1/9/23

Signed: 

E-Mail: _____