

**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. Patrick Brown 3. _____
2. _____ 4. _____

Work Performed:

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

1. WO#'S , 13084 , 13175 , 13302 , 13082 , 13176 , 13177 ,
2. 13280 , 13337 , 13057 , 13083 , 13178 , 13179 , 13287 ,
3. ASSET#'S , GO15 , G168 , 4577 , G013 , G169 , G170 ,
4. 4224 , 4245 , 4250 , 4491 , 4605 , G087 , 6716 , G014 ,
5. G171 , G172 , 4364 , 4374 , 4376 , 4377 , 4378 , 4387 , 4388 ,
4389 , 4528 , 4553 , 4592

CERTIFICATION OF WORK

To be signed by the Contractor:

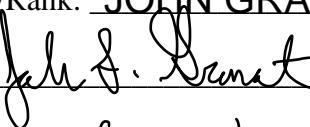
Print Name: Patrick Brown Date: 8/7/23

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.cfr@army.mil