

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY070 Date of Visit: 5/23/23

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 , 12601 , 12599 , 12660 , 12677 , 12727 , 12600 ,
2. 12698 , 12728 , 12747 ,
3. ASSET#'S , G015 , G013 , 7277 , 3181 , 3182 , 3183 , 3184 ,
4. 3209 , 3226 , 3227 , 3228 , 3229 , 3351 , 3353 , 3354 , 4742 ,
5. 4784 , 6587 , 6604 , 6615 , 6622 , G014 , 3231 , 3232 , 3233 ,
- 3234 , 3235 , 3352 , 3361 , 3362 , 6588 , 6605 , 6716

CERTIFICATION OF WORK

To be signed by the Contractor:

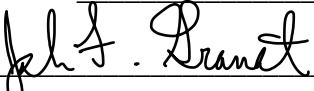
Print Name: Patrick Brown Date: 5/23/23

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: 5/23/23

Signed: 

E-Mail: _____