

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY070 Date of Visit: 11/16/23

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

1. WO#'S , 14132,14190,14207,14133,14227,14134,
2. ASSET#'S ,
3. G013,7277,3181,3182,3183,3184,3209,3226,3227,3228,32
4. 29,3351,3353,3354,4742,4784,G014,3231,3232,3233,3234
5. ,3235,3352,3361,3362,G015

CERTIFICATION OF WORK

To be signed by the Contractor:

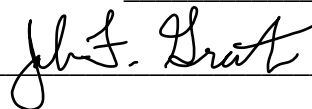
Print Name: Patrick Brown Date: 11/16/23

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: 11/16/23

Signed: 

E-Mail: _____