

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY126 Date of Visit: 2/22/23

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 , 11838 , 11873 , 11935 , 11961 , 11994 ,
2. 11840 , 11874 , 11990 , 11875
3. ASSET#'S , 3118 , 3137 , 3143 , 3164 , 6805 , 6907 ,
4. 6912 , 6805 , 6993 , 7037 , 3136 , 6984 , 6985 , G019 ,
5. G020 , G021

CERTIFICATION OF WORK

To be signed by the Contractor:

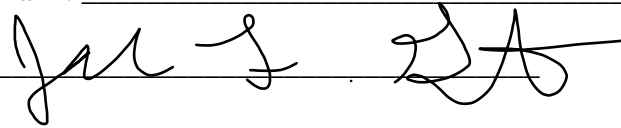
Print Name: Patrick Brown Date: 2/22/23

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: 2/22/23

Signed: 

E-Mail: _____