

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 4/7/23

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 , 21682 , 21702 , 21703 , 21726 , 21683 ,
2. 21710 , 21727 , 21729 , 21684 , 21728
3. ASSET#'S , 190917-,
4. 677,678,685,684,724,712,728,729 , IL-65 , IL-66 ,
5. IL-67

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 4/7/23

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: LARS LUUFFMAN Date: 4/7/23

Signed: 

E-Mail: _____