

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 8/23/23

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 , 23462 , 23697 , 23698 , 23699 , 23710 , 23711 , 23712 ,
 2. 23734 , 23748 , 23749 , 23463 , 23700 , 23701 , 23713 , 23720 , 23735 ,
 3. 23750 , 23464
 4. ASSET#'S , IL-65 , IL-66 , IL-67 , 190917-,
 5. 631,632,633,603,622,623,624,625,626,627,642,645,651,652,659,660,68
6,615,616,636,637,638,639,640,683,702,709,702,724,703,707,710,711,7
14,716,700,708
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CERTIFICATION OF WORK

To be signed by the Contractor:

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

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: LARS LUFFMAN Date: 8/23/23

Signed:  _____

E-Mail: _____