

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 12/20/22

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 , 19802 , 19951 , 20146 , 20180 , 19803 , 19952 ,
2. 20142 , 20147 , 20181 , 19953 , 20182
3. ASSET#'S , IL-,65,66,67 , 190917-, 606-611 , 617 , 634 ,
4. 635 , 643 , 620 , 641 , 679 , 680 , 681 , 691 , 695 , 698 ,
5. 705 , 706 , 725 , 724 , 697 , 699 , 701 , 704 , 726 , 730

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12/20/22

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: SSG Timothy O'Connor Date: 12/20/22

Signed: _____

E-Mail: _____