

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 8/1/23

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, 23173 , 23280 , 23305 , 23314 , 23174 , 23281 ,
2. 23282 , 23289 , 23306 , 23315 , 23175 , 23307 , 23316
3. ASSET#'S, IL-65 , IL-66 , IL-67 , 190917-,
4. 630,647,650,658,662,663,664,665,666,667,668,669,670,671,6
5. 72,673,674,675,676,684,602,621,644,689,717,718,719,720,72  
1,722,723,724,712,687,729,732

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/1/23

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: 8/1/23

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_