

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 3/29/23

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 , 21093 , 21242 , 21420 , 21441 , 21094 , 21243 ,
2. 21416 , 21421 , 21442 , 21244
3. ASSET#'S , 190917 - ,
4. 606,607,608,609,610,611,617,634,635,643,605,612,613,614,6
5. 28,629,655,691,695,698,705,706,724,697,692,693,694,695,698, IL-67 , IL-66 , IL-65

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 3/29/23

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: 3/29/23

Signed: 

E-Mail: _____