

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 9/6/23

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 , 23796 , 24060 , 24240 , 24253 , 24274 , 23799 ,
2. 24061 , 24241 , 24248 , 24254 , 24275 , 24062
3. ASSET#'S , IL-65 , IL-66 , IL-67 ,
4. 190917- , 606,607,608,609,610,611,617,634,635,600601,643,6
5. 05,612,613,614,617,628,629,655,691,695,698,705,706,688,71
5,724,697,692,693,694,

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 9/6/23

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: SSG Grady Fallone Date: 9/6/23

Signed: _____

E-Mail: _____