

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY065 Date of Visit: 10/23/23

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. <u>WO#'S , 13877,13878,13876,14022,14023</u> |
| 2. <u>ASSET#'S , G011,G012,G010,6556,6557</u> |
| 3. _____ |
| 4. _____ |
| 5. _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

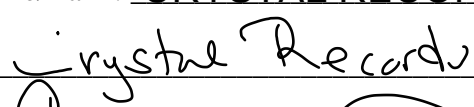
Print Name: Patrick Brown Date: 10/23/23

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: CRYSTAL RECORDS Date: 10/23/23

Signed: 

E-Mail: 