

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY070 Date of Visit: 12/19/22

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 , 11333 , 11331 , 11395 , 11422 , 11423 , 11332 ,
2. 11425 , 11426 ,
3. ASSET#'S , G013-15 , 4630 , 4631 , 4632 , 4658 , 4675 ,
4. 4681 , 4833 , 4834 , 4835 , 4836 , 4850 , 4851 , 4852 ,
5. 4864 , 4930 , 4933 , 4941 , 4985 , 4986 , 4989 , 4837 ,
4862 , 4863 , 4854 , 4855

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12/19/22

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: JOHN GRANATA Date: 12/19/22

Signed: 

E-Mail: _____