

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 3/2/23

Contractor Personnel on Site:

- | | |
|-------------------------|------------|
| 1. <u>Patrick Brown</u> | 3. <u></u> |
| 2. <u></u> | 4. <u></u> |

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S , 21088 , 21161 , 21162 , 21183 , 21184 , 21213 ,
2. 21409 , 21413 , 21419 , 21435 , 21277 , 21215
3. ASSET#'S , 9891 , 9896 , 9932 , 9935 , 9891 , 9943 ,
4. 190917-, 248,269,264,248,249 , IL-31 , IL-33
5.

CERTIFICATION OF WORK

To be signed by the Contractor:

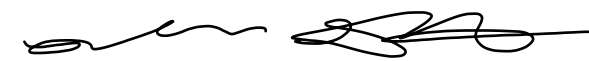
Print Name: Patrick Brown Date: 3/2/23

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: MIKE SHIFFLETT Date: 3/2/23

Signed: 

E-Mail: