

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY010 Date of Visit: 8/1/23

Contractor Personnel on Site:

- |                      |            |
|----------------------|------------|
| 1. <u>Bill Davis</u> | 3. <u></u> |
| 2. <u>Jim Childs</u> | 4. <u></u> |

**Work Performed:**

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

1.
2.
3.
4.
5.

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Bill Davis Date: 8/1/23

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_