

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 8/24/23

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 , 23414 , 23568 , 23569 , 23570 , 23571 , 23572 ,
2. 23573 , 23574 , 23715 , 23721 , 23736 , 23415 , 23575 ,
3. 23576 , 23577
4. ASSET#'S , IL-12 , 9220 , 9222 , 9240 , 9241 , 9243 ,
5. 9244 , 9245 , IL-13 , 9261 , 9262 , 9263 ,
5. 190917-,131,102,103,132,119,124,125,126

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/24/23

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: Jameson Brown Date: 8/24/23

Signed: _____

E-Mail: _____