

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 1/23/23

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. WO#'S , 20338 , 20339 , 20340 , 20341 , 20406 ,
2. 20507 , 20508 , 20509 , 20510 , 20554 , 20407 ,
3. 20511 , 20512
4. ASSET#'S , 9223 , 9224 , 9228 , 9230 , 9215 , 9246 ,
5. 9248 , 9249 , 9251 , 9264 , 190917-131 , IL-12 , IL-13

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 1/23/23

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: RON VOGT Date: 1/23/23

Signed: 

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