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. Patrick Brown
2. _____
3. _____
4. _____

Work Performed:

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

1. WO#'S , 22906 , 22907 , 22908 , 22909 , 22910 , 22911 , 22912 ,
2. 22913 , 22914 , 23125 , 23224 , 23225 , 23226 , 23227 , 23272 ,
3. 23284 , 22915 , 22916 , 22917 , 22918 , 22919 , 22920 , 23126 ,
4. 23228 , 23229 , 23273 ,
5. ASSET#'S , 9231 , 9232 , 9233 , 9234 , 9235 , 9236 , 9237 , 9238 , 9239 , 9255 , 9256 , 9257 , 9258 , 9259 , 9260 , 9264 , 190917-,120,121,122,123,131,142, IL-12 , IL-13 ,

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: _____