

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 3/1/23

Contractor Personnel on Site:

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

Work Performed:

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

1. WO#'S , 21129 , 21130 , 21131 , 21196 , 21372 , 21373 ,
2. 21374 , 21375 , 21411 , 21418 , 21427 , 21197 , 21262 ,
3. 21428 ,
4. ASSET#'S , 9209 , 9210 , 9211 , 9216 , 9265 , IL-12 , IL-13 ,
5. 190917- ,
131,133,134,,104,105,106,107,108,109,110,111,112,113,114,
115,116,117,118,138,139,140,

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 3/1/23

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: B.c.eSeTl, JAMie Date: 3/1/23

Signed: 

E-Mail: _____