

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY030 Date of Visit: 7/12/23

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. <u>WO#'S , 13074 , 13165 , 13296 , 13075 ,</u> |
| 2. <u>13166 , 13073 , 13167 , 13238 , 13289 ,</u> |
| 3. <u>13303 , 13334</u> |
| 4. <u>ASSET#'S , G005 , G158 , 4508 , G006 ,</u> |
| 5. <u>G159 , G004 , G160 , 4462 , 4615 , GO84</u> |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 7/12/23

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: JOHN GRANATA Date: 7/12/23

Signed: _____

E-Mail: _____