

**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. Patrick Brown      3. \_\_\_\_\_  
2. \_\_\_\_\_      4. \_\_\_\_\_

**Work Performed:**

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

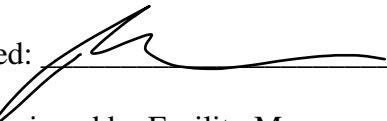
1. WO#'S , 13074 , 13165 , 13296 , 13075 ,  
2. 13166 , 13073 , 13167 , 13238 , 13289 ,  
3. 13303 , 13334  
4. ASSET#'S , G005 , G158 , 4508 , G006 ,  
5. G159 , G004 , G160 , 4462 , 4615 , GO84

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**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: \_\_\_\_\_