CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE

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

FACID/Building: NY052 Date of Visit: 1/12/23

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 , 11556 , 11554 , 11668 , 11691 , 11704 ,
2. 11734 , 11555 , 11676
3. ASSET#'S , 4166 , 4168 , 4216 , 4512 , 4567 , 4547 ,
4. 7088 , 7097 , 7116 , 4261 , 4313 , 4467
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 1/12/23

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: 1/12/23

Signed: _____

E-Mail: _____