

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 5/31/22

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. WO#'S , 17273 , 17323-17325 , 17501 , 17502 , 17557 ,
2. 17566 , 17573 , 17583 , 17392 , 17503 , 17558 , 17584
3. ASSET#'S , 9212 , 9209 , 9210 , 9211 , 9213 , 9242 ,
4. 9265 , 9250 , 190917- , 101 , 135 , 131 , 133 , 134 , 129 ,
5. 130 , 136 , 137 , 143 ,

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 5/31/22

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: RON VOGT Date: 5/31/22

Signed: 

E-Mail: _____