

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 11/4/19

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 5749MO, 5839-5845QT, 5975PMM, 5991PMQ, 5846-5848QT,
2. 5992PMQ, 5849-5850QT
3. OUTSIDE LIGHTING, CIRCULATING PUMPS, KITCHEN EQUIP, EMERGENCY
4. LIGHTING, GATE, ISOLATION VALVES, GLYCOL FEED SYSTEM, EXP TANKS,
5. WATER HEATER, EMERGENCY LIGHTING,

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 11/4/19

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: AMMIE Mearero Date: 11/4/19

Signed: 

E-Mail: _____

