

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 8/11/20

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 9342FQ, 9364-9365 MO, 9393-9396QT, 9590-9591SA, 9657PMA,
2. 9687PMQ, 9700PMQ, 9713-9714PMS, 9592PMSA
3. FILTER, LIGHTING, GATES PUMPS, EMERGENCY LIGHTING, VAV, AIR DRYER,
4. EXPANSION TANKS,, CHEMICAL BYPASS FEEDER, ISOLATION VALVES
5. DDC, AUTO ACCESS

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: Patrick Brown Date: 8/11/20

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: SFC ERIC ABBOTT Date: 8/11/20

Signed: 

E-Mail: _____

