

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: ny024 Date of Visit: 11-4-2021

Contractor Personnel on Site:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

- | | | | |
|----|-----------------------------------|-------------------|------------|
| 1. | <u>Bldg 208 1st floor</u> | <u>67 degree</u> | <u>65%</u> |
| 2. | <u>Bldg 356 2nd floor hallway</u> | <u>66 degree</u> | <u>64%</u> |
| 3. | _____ | _____ | _____ |
| 4. | <u>BLDG 358 room 102</u> | <u>68 degrees</u> | <u>60%</u> |
| 5. | _____ | _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Ramon V Date: 11-4-2021

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: Anthony Jackson Date: 11-4-2021

Signed:  _____

E-Mail: _____

