

**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 67 degree</u>	<u>65%</u>
2. <u>Bldg 356 2nd floor hallway 66 degree</u>	<u>64%</u>
3. _____	_____
4. <u>BLDG 358 room 102 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: _____

