

**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.)

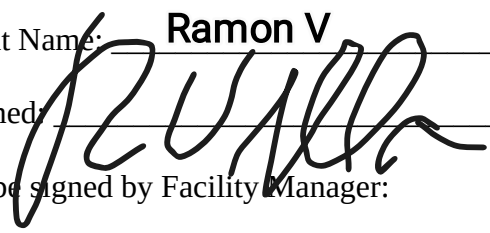
- |    |                                   |                   |            |
|----|-----------------------------------|-------------------|------------|
| 1. | <u>Bldg 208 1st floor</u>         | <u>67 degree</u>  | <u>65%</u> |
| 2. | <u>Bldg 356 2nd floor hallway</u> | <u>66 degree</u>  | <u>64%</u>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

Average Building Temp \_\_\_\_\_ Average Building RH Humidity \_\_\_\_\_  
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**CERTIFICATION OF WORK**

To be signed by the Contractor:

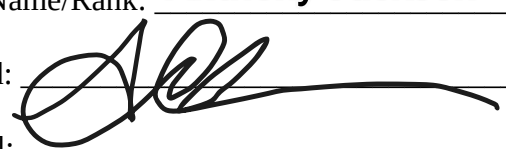
Print Name: Ramon V Date: 11-4-2021

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: \_\_\_\_\_

