

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: ny116 Date of Visit: _____

Contractor Personnel on Site:

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

Work Performed:

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

- | | |
|----------|-------------------|
| 1. _____ | 60 degrees |
| 2. _____ | |
| 3. _____ | |
| 4. _____ | |
| 5. _____ | |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Ramon V Date: 10-19-2021

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: Jim Johnson Date: _____

Signed: _____

E-Mail: _____

