

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY010 Date of Visit: 5/1/24

Contractor Personnel on Site:

- | | |
|----------------|----------|
| 1. <u>Bill</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

1. WO 15447 Asset G001
2. WO 15516 Asset 7276
3. WO 15559 Asset 3069, 3070, 3071, 3072, 3205, 3206, 3355, 3356, 3375, 5029
4. WO 15448 Asset G002
5. WO 15449 Asset G003

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: Bill Davis Date: 5/1/24

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: Chanel Stasio Date: 5/31/2024

Signed: 

E-Mail: Chanelmusette@gmail.com