

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: WV029 Date of Visit: 11/14/2024

Contractor Personnel on Site:

1. Ricky Barker 3. _____
2. _____ 4. _____

Work Performed: monthly pm

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

1. WO 17025 asset 3051, 3052, 3281
2. WO 16985 asset G069
3. WO 17026 asset 6571
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard A. Barker Date: 11/14/2024
Signed: Richard A. Barker

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: Jennifer A Bailie Date: 12/19/2024
Signed: Jennifer A Bailie

E-Mail: jennifer.a.bailie.ctr@army.mil