

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: WV029 Date of Visit: Oct. 16, 2024

Contractor Personnel on Site:

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

Work Performed: monthly pm

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

1. WO 16701 asset 6570
2. WO 16844 asset G129
3. WO 16702 asset 6571
4. WO 16792 asset G069
5. WO 16845 asset G130

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: Richard A. Barker Date: Oct. 16, 2024

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: Jennifer A Bailie/Contractor AFOS Date: 10/30/2024

Signed: 

E-Mail: Jennifer A Bailie/Contractor AFOS