

### CERTIFICATION OF WORK

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

FACID/Building: WV002 Date of Visit: 3/6/2024

Contractor Personnel on Site:

1. Casto Tech
2. \_\_\_\_\_

#### Work Performed:

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

1. WO# 15225

#### Service Calls – Service Call Number and Description

1. CSS# 97018
2. CSS# \_\_\_\_\_
3. CSS# \_\_\_\_\_

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### CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Shawn V. Shelton Date: 3/6/2024

Signed: 

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Amy M. Choate Date: 3/6/2024

Signed: 

E-Mail: amy.m.choate3.ctr@army.mil