

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

FACID/Building: WV005

Date of Visit: 2/28/2025

Contractor Personnel on Site:

1. Eli Ayers

2. _____

Work Performed:

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

1. WO# 215724

Service Calls – Service Call Number and Description

1. CSS#_____

2. CSS#_____

3. CSS#_____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Eli Ayers Date: 2/28/2025

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: Mr. Thomsen, Wesley R, ARA Date: 2/28/2025

Signed: 

E-Mail: wesley.r.thomsen.civ@army.mil