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

FACID/Building: *WV029* Date of Visit: *6/11/2025*

Contractor Personnel on Site:

1. *Blane Mayle* 2. _____

Work Performed:

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

1. WO# *220687* MWO #18512 installed new glycol feeder pump.

Service Calls – Service Call Number and Description

1. CSS# *220687* FEMS 2992669 WO 18512
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: *Blane Mayle* Date: *6/11/2025*

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: *Jennifer A Bailie* Date: *6/11/2025*

Signed: _____

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