

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

FACID/Building: wv035

Date of Visit: 11/18/2025

Contractor Personnel on Site:

1. casto tech      2. \_\_\_\_\_

**Work Performed:**

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

1. WO# 227355

**Service Calls – Service Call Number and Description**

1. CSS# WO 20529  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: jeff davis      Date: 11/18/2025

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: ronnie beckner      Date: 11/18/2025

Signed: 

E-Mail: ronnie.j.beckner.civ@army.mil