

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: P0053-02 Date of Visit: 3-14-19, 3-15-19

Contractor Personnel on Site:

- |                          |          |
|--------------------------|----------|
| 1. <u>Dominic Stango</u> | 3. _____ |
| 2. _____                 | 4. _____ |

**Work Performed:**

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

- |                                      |
|--------------------------------------|
| 1. <u>WO# 7676, 7869, 8034 7844,</u> |
| 2. _____                             |
| 3. _____                             |
| 4. _____                             |
| 5. _____                             |

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

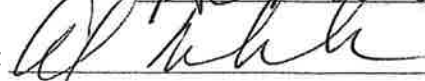
Print Name: Dominic Stango Date: 3-27-19

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: AC [Signature] Date: 3/27/19

Signed: 

E-Mail: \_\_\_\_\_