

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: Pa166-03

Date of Visit: 5-29-19

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>WOT 8510, 8693, 871</u>	2. _____
3. _____	4. _____
5. _____	_____

**CERTIFICATION OF WORK**

To be signed by the Contractor:

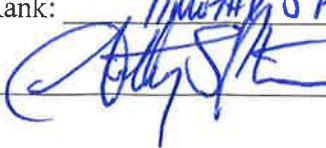
Print Name: Dominic Stango Date: 5-29-19

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: Timothy S PETERS Date: 29MAY19

Signed: 

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