

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: PA 166 6B Date of Visit: 6-20-19

Contractor Personnel on Site:

1. Dominic Stango 3. _____
2. _____ 4. _____

Work Performed:

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

1. W044 9102, 9446 9148
2. _____
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Dominic Stango Date: 6-21-19

Signed: D.S.

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: 21 June 2019

Signed: Timothy S Peters

E-Mail: _____