

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE007 B-4 Date of Visit: 06/14/22

Contractor Personnel on Site:

1. _____	3. _____
2. <u>Ben Gholian</u>	4. <u>Advanced Security</u>

Work Performed:

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

1. _____
2. _____
3. <u>Vault combo</u>
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

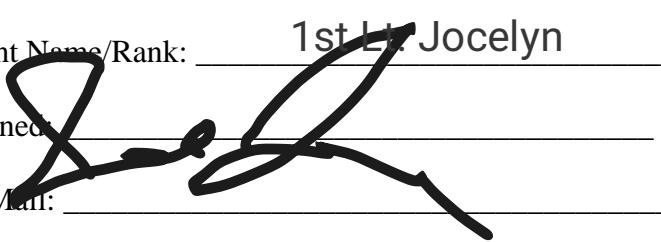
Print Name: Ben Gholian Date: 06/14/22

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: 1st Lt. Jocelyn Date: 06/14/22

Signed: 

E-Mail: _____

