

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY010 Date of Visit: 12/7/2022

Contractor Personnel on Site:

1. Bill Davis 3. _____
2. _____ 4. _____

Work Performed:

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

1. Monthly Fire ex.

2. Quarterly Pump, expansion tank
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bill Davis Date: 12/7/2022

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: Crystal Records Date: 12/7/2022

Signed: AL.L.1016485175 Digitally signed by
RECORDS.CRYSTAL.L.1016485175
Date: 2022.12.30 07:21:52 -05'00'

E-Mail: crystal.l.records.ctr@army.mil