

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: Pa081-227 Date of Visit: 9-19-19

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. wo# 10712 asset# 5012 there are only 2 wdl's
2. for pumps
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Dominic Stango Date: 9-19-19

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

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

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| 1. <u>Dominic Stango</u> | 3. _____ |
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**Work Performed:**

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1. 10792, 10937,
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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Print Name: Dominic Stango Date: 9-19-19

Signed: 

To be signed by Facility Manager:

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Print Name/Rank: AL Paganucci Date: 9/19/19

Signed: 

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