

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: Pa171 Date of Visit: 9-17-19

Contractor Personnel on Site:

1. Dominic Stango 3. \_\_\_\_\_  
2. Scott Kenders 4. \_\_\_\_\_

**Work Performed:**

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

1. WOT# 10784, 10860  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

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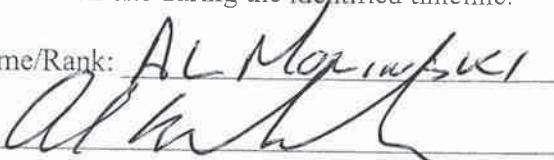
**CERTIFICATION OF WORK**

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: Al Mazzafra Date: 9/19/19  
Signed: 

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