

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY 065 Date of Visit: 7/2/24

Contractor Personnel on Site:

1. <u>Bill Davis</u>	3. _____
2. _____	4. _____

Work Performed:

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

1. WO 15877 asset G011
2. WO 15878 asset G012
3. WO 15876 asset G010
4. WO 16053 asset 4350, 4628
5. WO 16103 asset G086

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: s/ Bill Davi Date: 7/2/24
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: Chanel Stasio
Date: 7/24/2024

Signed: Chanel Stasio

E-Mail: chanel.m.stasio.ctr@army.mil