

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY065 Date of Visit: 3/2/26

Contractor Personnel on Site:

- 1. Patrick Brown
- 2. _____
- 3. _____
- 4. _____

Work Performed:

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

- 1. WO#'S , 21252 , 21253 , 21251 , 21316 , 21347 , 21349,
- 2. ASSET#'S , G011 , G012 , G010 , G166 , 5014 , 5018



To be signed by the Contractor:

Print Name: Patrick Brown Date: 3/2/26

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: Arlett Diaz /SSG Date: 3/2/26

Signed: 

E-Mail: Arlett.diaz.mil@army.mil