

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: WV010 Date of Visit: Aug 6, 2024

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Ricky Barker</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed: monthly pm

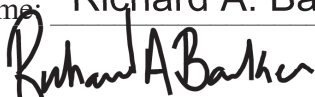
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- | | |
|----------|--------------------------------------|
| | <u>WO 16172 Asset 3049</u> |
| 1. _____ | <u>WO 16251 Asset G059</u> |
| 2. _____ | <u>WO 16290 Asset 6790,6803,6911</u> |
| 3. _____ | <u>WO 16341 Asset 7071</u> |
| 4. _____ | <u>WO 16252 Asset G060</u> |
| 5. _____ | <u>WO 16338 Asset 7067</u> |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard A. Barker Date: Aug 6, 2024

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: Lee Smith / SGT Date: Aug 6, 2024

Signed: 

E-Mail: lee.m.smith63.mil@army.mil