

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: WV010 Date of Visit: Sep 4, 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 16476 Asset G059</u> |
| 1. _____ | <u>WO 16511 Asset 6687</u> |
| 2. _____ | <u>WO 16477 Asset G060</u> |
| 3. _____ | <u>WO 16497 Asset 6540</u> |
| 4. _____ | <u>WO 16553 Asset 4642,4649</u> |
| 5. _____ | |

CERTIFICATION OF WORK

To be signed by the Contractor:

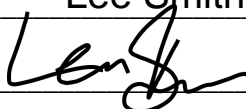
Print Name: Richard A. Barker Date: Sep 4, 2024

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: Sep 4, 2024

Signed: 

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