

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY010 Date of Visit: 8/7/24

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 16179 asset 3069, 3070, 3071, 3072, 3355, 3356
2. WO 16199 asset G001 WO 16270 asset 7276
3. WO 16319 asset 6986
4. WO 16200 asset G002
5. WO 16201 asset G003

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Bill Davis Date: 8/7/24

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: 8/26/2024

Signed: 

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