

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY010 Date of Visit: 2/5/24

Contractor Personnel on Site:

1. Bill Davis 3. _____
2. _____ 4. _____

Work Performed:

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

1. WO 14808 Asset 3069, 3070, 3071, 3072, 3355, 3356
2. WO 14828 Asset G001
3. WO 14899 Asset 7276
4. WO 14941 Asset 6986
5. WO 14829 Asset G002
6. WO 14830 Asset G003

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bill Davis Date: 2/4/24
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: Scott Kawasaki Date: 29 Feb 24

Signed: _____

E-Mail: scott.w.kawasaki.civ@army.mil