

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY 010 Date of Visit: 1/9/24

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 14562 Asset G001
2. WO 14644 Asset 3953
3. WO 14709 Asset 7098
4. WO 14733 Asset G083
5. WO 14563 Asset G002
6. WO 14695 Asset 4504 & 4558
7. WO 14564 Asset G003
8. WO 14701 Asset 4576

**CERTIFICATION OF WORK**

To be signed by the Contractor:


Print Name: Bill Davis Date: 1/9/24

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: John F. Granata AFOS Date: 01/22/2024

Signed: 

E-Mail: john.f.granata.ctr@army.mil