

**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: 7/1/24

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 15867 asset G001, WO 16011 asset 3953
2. WO 16076 asset 7098, WO 16100 asset G083
3. WO 15868 asset G002, WO 16062 asset 4504, 4558
4. WO 15869 asset G003,
5. WO 16068 asset 4576

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bill Davis Date: 7/1/24

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: 7/24/2024

Signed: 

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