

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY010 Date of Visit: 9/6/24

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 16424 asset G001 WO 16508 asset 6589, 6606, 6616, 6623, 6625
2. WO 16517 asset 3375 WO 16533 asset 4922, 4923, 4924, 4925, 4926
3. WO 16540 asset 4987
4. WO 16425 asset G002
5. WO 16426 asset G003

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bill Davis Date: 9/6/24

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: 02/10/2024

Signed: Chanel Stasio

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