

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY065 Date of Visit: 2/6/24

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 14838 Asset G011
  2. WO 14839 Asset G012
  3. WO 14805 Asset 3058
  3. WO 14837 Asset G010
  4. WO 14910 Asset 6804 6865 6895
  5. \_\_\_\_\_
- 

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Bill Davis Date: 2/6/24

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: Scott Kawski Date: \_\_\_\_\_

Signed: \_\_\_\_\_

E-Mail: \_scott.w.kawski.civ@army.mil