

**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. <u>WO 14838 Asset G011</u> |
| 2. <u>WO 14839 Asset G012</u> |
| 3. <u>WO 14805 Asset 3058</u> |
| 4. <u>WO 14837 Asset G010</u> |
| 5. <u>WO 14910 Asset 6804 6865 6895</u> |
| 6. _____ |

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