

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY065 Date of Visit: 1/10/24

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 14572 Asset G011
2. WO 14573 Asset G012
3. WO 14571 Asset G010
4. WO 14686 Asset 4350 & 4628
5. WO 14736 Asset G086

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Bill Davis Date: 1/10/24

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 E. Granata Date: 01/22/2024

Signed: 

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