

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY065 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 16434 asset G011 WO 16435 asset G012
2. WO 16433 asset G010
3. WO 16499 asset 6556, 6557
4. WO 16543 asset 5014
5. WO 16545 asset 5018

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