

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: VA048 Date of Visit: 07-22-22

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Will Schultz</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

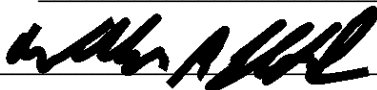
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. July Pm's
2. _____
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

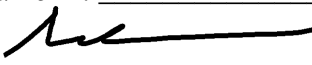
Print Name: Will Schultz Date: 07-22-22

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: Andrew Campbell Date: 07-22-22

Signed: 

E-Mail: andrew.r.campbell.mil@army.mil