

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: VA050-01 Date of Visit: 09-10-21

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. WO'S September Pm's 14870, 14889, 14910, 14928, 14951, 14955, 14974
2. _____
3. _____
4. _____
5. _____

Average Building Temp 74 * Average Building RH Humidity 56 %

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Will Schultz Date: 09-10-21

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: Brian Hakey Date: 09-10-21

Signed: HAKEY.BRIAN.SCOTT.1013811845 Digitally signed by HAKEY.BRIAN.SCOTT.1013811845
Date: 2021.09.17 17:24:46 -04'00'

E-Mail: brian.s.hakey.mil@mail.mil