

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: VA701 Date of Visit: 08-25-22

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. September Pm's
2. _____
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Will Schultz Date: 08-25-22

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: MORONEZ.AN Digitally signed by _____ Date: _____
TONIO.GENAR MORONEZ.ANTONIO.
Signed: O.1248675280 GENARO.1248675280
Date: 2022.08.31
E-Mail: _____ 12:32:17 -04'00'