

**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. Will Schultz
2. _____
3. _____
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 MORONEZ.ANTONIO. Date: _____

Signed: TONIO.GENAR GENARO.1248675280

E-Mail: O.1248675280 Date: 2022.08.31
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