

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: NY010 Amherst Date of Visit: 9/4/2025

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. <u>WO 19826 G001</u>	
2. <u>WO 19921 3375</u>	
3. <u>WO 19937 4922 4923 4924 4925 4926 5013</u>	
4. <u>WO 19944 4987</u>	
5. <u>WO 19827 G002 WO 19828 G003</u>	

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bill Davis Date: 9/4/2025

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: 09/08/2025

Signed: _____

E-Mail: chanel.m.stasio.ctr@army.mil