

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY010 Date of Visit: 3/10/25

Contractor Personnel on Site:

1. Patrick Brown 3. _____
2. _____ 4. _____

Work Performed:

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

1. WO#'s , 18034 , 18119 , 18135 , 18142 ,
2. 18035 , 18036,
3. ASSET#'S , G001 , 3375 , 4922 , 4923 , 4924 ,
4. 4925 , 4926 , 5013 , 4987 , G002 , G003
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 3/10/25

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: 3/10/25

Signed: _____

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