

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY010 Date of Visit: 12/4/2024

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. WO 16923 asset G001	_____
2. WO 16992 asset 7276	_____
3. WO 17035 asset 3069 3070 3071 3072 3205 3206 3355 3356 3375 5029	_____
4. WO 16924 asset G002	_____
5. WO 16925 asset G003	_____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bill Davis Date: 12/4/2024

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: 12/6/2024

Signed: 

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