

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: WV046 Date of Visit: Oct. 17, 2024

Contractor Personnel on Site:

1. Ricky Barker 3. _____
2. _____ 4. _____

Work Performed: monthly pm

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

1. WO 16725 asset 66638 WO 16726 asset 6641 WO 16796 asset G073
2. WO 16846 asset G131 WO 16665 asset 6635
3. WO 16708 asset 6578 WO 16709 asset 6635
4. WO 16710 asset 6640 WO 16797 asset G074
5. WO 16847 asset G132 WO 16798 asset G075

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard A. Barker Date: Oct. 17, 2024
Signed: Richard A. Barker

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: Thomas Mcburney Date: 10/29/24
Signed: T

E-Mail: _____