

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY065 Date of Visit: 5/2/24

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 15457 Asset G011
2. WO 15458 Asset G012
3. WO 15456 Asset G010
4. WO 15545 Asset 3058
5. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Bill Davis Date: 5/2/24  
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: 5/31/2024

Signed: 

E-Mail: Chanelmusette@gmail.com