

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: NY010 Date of Visit: 8/6/25

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 19551 3069 3070 3071 3072 3355 3356</u>	Air handler filter change
2. <u>WO 19658 7276</u>	
3. <u>WO 19739 6986</u>	
4. <u>WO 19592 G002</u>	
5. <u>WO 19593 G003</u>	

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bill Davis Date: 8/6/25

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: 09/02/2025

Signed: _____

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