

**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> | <u>Air handler filter change</u> |
| 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