

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY010 Date of Visit: 12/4/24

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 17228 asset 4924, 4925, 4926, 5013
2. WO 17235 asset 4987
3. WO 17116 asset G002
4. WO 17117 asset G003
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bill Davis Date: 12/4/24

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: January 2nd 2025

Signed: Chanel Stasio

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