

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY010 Date of Visit: 1/7/25

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. WO 17405 asset G001
2. WO 17551 asset 7098
3. WO 17600 asset G083
4. WO 17406 asset G002
5. WO 17407 asset G003

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Bill Davis Date: 1/7/25

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: January 23rd 2025

Signed: 

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