

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

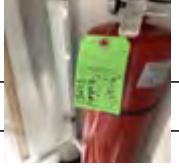
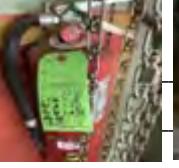
FACID/Building: NY065 Tonawanda Date of Visit: 6/5/25

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 19601 G011</u>				
2. <u>WO 19602 G012</u>	_____	_____	_____	_____
3. <u>WO 19548 3058</u>	_____	_____	_____	_____
4. <u>WO 19600 G010</u>	_____	_____	_____	_____
5. <u>WO 19678 6804 6865 6895</u>	_____	_____	_____	_____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bill Davis Date: 6/5/25

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