

**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