

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY065 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 17125 asset G011
2. WO 17126 asset G012
3. WO 17124 asset G010
4. WO 17238 asset 5014
5. WO 17240 asset 5018

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Bill Davis

Print Name: \_\_\_\_\_ 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:



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