

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY 010 Date of Visit: 10/2/24

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 16716 asset 6589 WO 16717 asset 6606
2. WO 16718 asset 6616 WO 16719 asset 6623
3. WO 16720 asset 6625 WO 16730 asset G001
4. WO 16731 asset G002
5. WO 16732 asset G003

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bill Davis Date: 10/2/24

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: 11/1/2024

Signed: 

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