

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY065 Date of Visit: 11/5/24

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. <u>WO 16933 asset G011</u>
2. <u>WO 16934 asset G012</u>
3. <u>WO 16932 asset G010</u>
4. <u>WO 17021 asset 3058</u>
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bill Davis Date: 11/5/24

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 M. Stasio Date: 18 November 2024

Signed: 

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