

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY065 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 16740 asset G011
2. WO 16741 asset G012
3. WO 16693 asset 6556
4. WO 16694 asset 6557
5. WO 16739 asset G010

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