

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY030 Date of Visit: 3/12/2024

Contractor Personnel on Site:

1. <u>James Groft</u>	3. _____
2. _____	4. _____

Work Performed: monthly pm

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO 15030 Asset G005
2. WO 15031 Asset G006
3. WO 15029 Asset G004
4. WO 15121 Asset 4868
5. WO 15156 Asset 4684 4698 4699 4700

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Julie Pape Date: 4/2/2024

Signed: Julie Pape

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: John F. Granata AFOS _____ Date: 04/02/2024

Signed: John F. Granata

E-Mail: john.f.granata.ctr@army.mil