

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: NY030 Date of Visit: 5/16/2024

Contractor Personnel on Site:

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

Work Performed:

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

1. WO 15451 Asset G005
2. WO 15452 Asset G006
3. WO 15450 Asset G004
4. WO 15551 Asset 3211, 3225, 3230, 6656, 6657, 6658, 6660, 6662, 6663, 6664, 6665, 6666, 6667
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Julie Page Date: 5/28/2024

Signed: Julie Page

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: 05/28/2024

Signed: John F. Granata

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