

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY052 Date of Visit: 4/7/2024

Contractor Personnel on Site:

- | | |
|-----------------------|------------|
| 1. <u>James Groft</u> | 3. <u></u> |
| 2. <u></u> | 4. <u></u> |

Work Performed:

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

1. WO 15258 Asset G009
2. WO 15256 Asset G007
3. WO 15344 Asset 4547
4. WO 15257 Asset G008
5.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Julie Pape Date: 4/9/2024

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: 04/09/2024

Signed: *John F. Granata*

E-Mail: john.f.granata1969@gmail.com