

**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. _____
2. _____	4. _____

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 04/09/2024

Signed: John F. Granata

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