

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY052 Date of Visit: 3/28/2024

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 15034 Asset G009
2. WO 15032 Asset G007
3. WO 15135 Asset 5015
4. WO 15151 Asset 4654 4655 4676
4. WO 15033 Asset G008
5. WO 15155 Asset 4683

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Julie Pape Date: 4/2/204

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