

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: NY126 Date of Visit: 6/28/2024

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 15643 asset G019 WO 15747 asset 5011
2. WO 15754 asset 5115, 5116, 5117, 5118, 5119, 5162
3. WO 15792 asset 3707
4. WO 15644 asset G020 WO 15757 asset 5199
5. WO 15799 asset 3886 WO 15645 asset G021

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Julie Pape Date: 7/1/2024

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: 07/05/2024

Signed: John F. Granata

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