

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY126 Date of Visit: 3/25/2024

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. <u>WO 15041 Asset G019</u> | _____ |
| 2. <u>WO 15106 Asset G177</u> | _____ |
| 3. <u>WO 15133 Asset 5011</u> | _____ |
| 4. <u>WO 15165 Asset 5115 5116 5117 5118 5119 5162</u> | _____ |
| 5. <u>WO 15042 Asset G020</u> | _____ |
| 5. <u>WO 15107 Asset G179</u> | _____ |
| 5. <u>WO 15168 Asset 5199</u> | _____ |
| 5. <u>WO 15043 Asset G021</u> | _____ |
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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Julie Pape Date: 4/2/2024

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: 04/02/2024

Signed: John F. Granata

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