

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: WV009 Date of Visit: 3/12/2026

Contractor Personnel on Site:

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

Work Performed:

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

- | | | |
|-------------------------|---|-------|
| 1. <u>WO 21291 G057</u> |  | _____ |
| 2. <u>WO 21401 5157</u> |  | _____ |
| 3. <u>WO 21292 G058</u> |  | _____ |
| 4. _____ |  | _____ |
| 5. _____ | | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: James R Groft Jr Date: 3/24/2026

Signed: James R Groft Jr

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: _____ Date: _____

Signed: **BELCHER.JASON.MI** Digitally signed by _____
BELCHER.JASON.MICHAEL.10509

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Date: 2026.04.09 08:49:06 -04'00'