

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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



FACID/Building: WV014 Date of Visit: 3/11/2026

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 21407 5243</u> |  |  |  |  |
| 2. <u>WO 21295 G061</u> | | | | |
| 3. <u>WO 21296 G062</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.MICHAEL.1050985799** Digitally signed by _____
CHAE BELCHER.JASON.MICHAEL.1050985799
E-Mail: **CHAE** 85799 Date: 2026.04.09 08:48:20 -04'00'