

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: WV029 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 21380 4640 4652 5096</u> |     |
| 2. <u>WO 21301 G069</u>           |     |
| 3. <u>WO 21390 4679</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: BELCHER.JASON. Digitally signed by \_\_\_\_\_  
Signed: MICHAEL.1050985 BELCHER.JASON.MICHAEL.10  
E-Mail: 799 50985799  
Date: 2026.04.09 08:45:35  
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