

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY030 Date of Visit: 1/8-1/9

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#'S 14566 14696 14567 14565 14638 14689 14703 14734 |
| 2. | ASSET#'S G005 4508 G006 G004 4462 4615 G084           |
| 3. |   |
| 4. |   |
| 5. |   |

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Karlee Demain Date: 2/2/24

Signed: Karlee Demain

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: 02/02/2024

Signed: John F. Granata

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