

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY052 Date of Visit: 1/10-1/11

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 14570, 14568, 14640, 14674, 14697, 14707, 14735, 14569, 14682 |
| 2. | ASSET#'S GG09, G007, 4547 4166 4216 4512 4567 4547 7088 7097 7116 |
| 3. | G085 G008 4261 4313 4467 |
| 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