

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY126 Date of Visit: 1/18-1/19

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 14577, 14675, 14712, 14738, 14578, 14692, 14579 |
| 2. | ASSET#'S G019, 4169, 4218, 4351, 4522, 4574, 7115, 7141, G088, G020, |
| 3. | 4485 4488 4527, G021 |
| 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