

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: NY030 Date of Visit: 2/5/24

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 14832 G005
2. WO 14833 G006
3. WO 14827 4684
4. WO 14831 G004
5. WO 14926 6847 6887 6950 7052
4. WO14931 6950 7062
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Karlee Demain Date: 2/27/24

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: 02/28/2024

Signed: John F. Granata

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