

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: NY052 Date of Visit: 2/5/24

Contractor Personnel on Site:

1. James Groft 3. _____
2. _____ 4. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO 14836 G009
WO 14834 G007
2. WO 14916 6811 6883
3. WO 14953 7030 3399
WO 14825 3399 G008
4. _____
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