

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY126 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 14811 3118 3137 3143 3164
2. WO 14843 G019
3. WO 14911 6805 6907 6912
4. WO 14943 6993 7037 3136
5. WO 14813 3136
6. WO 14844 G020
7. WO 14940 6984 6985 G021

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