

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: **Rockville MD021** Date of Visit: **4/7/22**

Contractor Personnel on Site:

- | | |
|---------------------------|----------|
| 1. Patrick Donovan | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

- | |
|--------------------------------------|
| 1. 16829, 16846, 16840, 16841 |
| 2. _____ |
| 3. _____ |
| 4. _____ |
| 5. _____ |

70

33

CERTIFICATION OF WORK

To be signed by the Contractor:

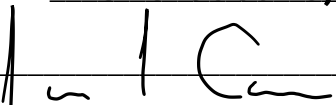
Print Name: **Patrick Donovan** Date: **4/7/22**

Signed: 

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: **SFC Castillo, Jaimie** Date: **4/7/22**

Signed: 

E-Mail: _____