

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD013 Date of Visit: 4/19/22

Contractor Personnel on Site:

- | | |
|---------------------------|----------|
| 1. <u>Patrick Donovan</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

- | | |
|-------------------------|-----------|
| 1. <u>17172, 17215,</u> | |
| 2. <u>17234, 17259,</u> | |
| 3. <u>17180, 17235</u> | |
| 4. _____ | |
| 5. _____ | |
| 71 | 31 |
-

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: _____

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:  **saim erden** Date: 4/19/22

Signed: _____

E-Mail: _____