

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD013 Date of Visit: 7/19/21

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. WO'S 14569, 14609, 14633, 14570
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Average Building Temp 72\*

Average Building RH Humidity 31 %

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 7/19/21

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: Nicholas P. Richard Date: 7/19/21

Signed: 

E-Mail: \_\_\_\_\_