

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD013 Date of Visit: 5/23/22

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>17625, 17656, 17684,</u>	3. _____
2. <u>17729, 17626, 17657,</u>	4. _____
3. <u>17658</u>	5. _____
4. _____	5. _____
5. _____	5. _____

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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: Sgt ritamarie v brown Date: 5/23/22

Signed: 

E-Mail: _____