

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD013 Date of Visit: 5/15/22

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>18200, 18250, 18299,</u> | _____ |
| 2. <u>18201, 18251, 18252</u>  | _____ |
| 3. _____                       | _____ |
| 4. _____                       | _____ |
| 5. _____                       | _____ |

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 5/15/22

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: saim erden Date: 5/15/22

Signed: 

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