

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

**Work Performed:**

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

1. WO'S 16829, 16846, 16840, 16841
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Average Building Temp 70\*

Average Building RH Humidity 33 %

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

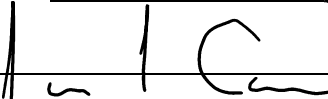
Print Name: Patrick Donovan Date: 4/7/22

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: \_\_\_\_\_