

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD021 Date of Visit: 7/20/21

Contractor Personnel on Site:

1. Patrick Donovan
2. _____
3. _____
4. _____

Work Performed:

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

1. WO 14573, 14612, 14632, 14655, 14574, 14613
2. _____
3. _____
4. _____
5. _____

Average Building Temp 74. Average Building RH Humidity 37%

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 7/20/21

Signed: _____

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature 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 Visa are, Marc Date: 7/20/21

Signed: _____

E-Mail: _____

