

**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: **11/4/21**

Contractor Personnel on Site:

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

Work Performed:

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

1. WO'S **15204, 15271, 15304, 15333, 15205, 15253,**
2. **15272**
3. _____
4. _____
5. _____

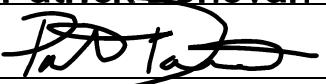
Average Building Temp **73***

Average Building RH Humidity **38** %

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: **Patrick Donovan** Date: **11/4/21**

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: **SFC Castillo, Jaimie** Date: **11/4/21**

Signed: 

E-Mail: 