

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

Work Performed:

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

- | |
|--|
| 1. <u>WO'S 15204, 15271, 15304, 15333, 15205, 15253,</u> |
| 2. <u>15272</u> |
| 3. _____ |
| 4. _____ |
| 5. _____ |

Average Building Temp 73*

Average Building RH Humidity 38 %

CERTIFICATION OF WORK

To be signed by the Contractor:

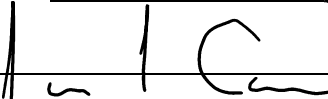
Print Name: Patrick Donovan Date: 11/4/21

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: _____