

**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: **11/19/21**

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 **15539,15577,15587,15605,15578**
2. _____
3. _____
4. _____
5. _____

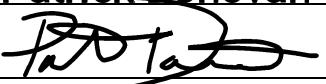
Average Building Temp **72***

Average Building RH Humidity **33** %

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: **Patrick Donovan** Date: **11/19/21**

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: **11/19/21**

Signed: 

E-Mail: 