

**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. <u>Patrick Donovan</u> | 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:

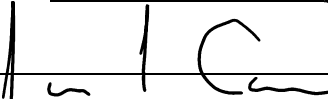
Print Name: Patrick Donovan Date: 11/19/21

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: _____