

**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: **5/26/22**

Contractor Personnel on Site:

1. **Patrick Donovan**      3. \_\_\_\_\_  
2. \_\_\_\_\_      4. \_\_\_\_\_

**Work Performed:**

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

**1/020, 1/040, 1/001,**

1. **17688, 17698, 17728,**

2. **17662, 17689, 17663**

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**70**

**36**

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: **Patrick Donovan** Date: **5/26/22**

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: **Jaime F Casiano** Date: **5/26/22**

Signed: 

E-Mail: \_\_\_\_\_