

**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: **9/14/21**

Contractor Personnel on Site:

1. <b>Patrick Donovan</b>	3. _____
2. _____	4. _____

**Work Performed:**

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

1. WO'S	<b>14858, 14877, 14902, 14291, 14942, 14968,</b>
2.	<b>14903, 14922</b>
3.	_____
4.	_____
5.	_____

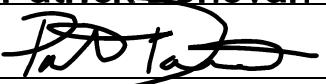
Average Building Temp **74\***

Average Building RH Humidity **42** %

**CERTIFICATION OF WORK**

To be signed by the Contractor:

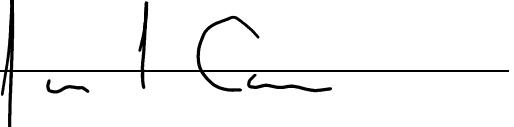
Print Name: **Patrick Donovan** Date: **9/14/21**

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: **9/14/21**

Signed: 

E-Mail: 