

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: MD066 Date of Visit: 11/30/21

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. 15558, 15601, 15607, 15609, 15615,
2. 15624
3. _____
4. _____
5. _____

Average Building Temp 73 Average Building RH Humidity 36%

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 11/30/21

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: SGT Brittany Pratt Date: 11/30/21

Signed: 

E-Mail: _____