

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: _____ Date of Visit: **5/3/22**

Contractor Personnel on Site:

1. _____	3. _____
2. _____	4. _____

Work Performed:

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

1. **17196, 17260, 17263, 17276, 17295**

2. _____

3. _____

4. _____

5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: **5/3/22**

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: Brittany Pratt Date: **5/3/22**

Signed: 

E-Mail: _____