

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD066 Date of Visit: 10/15/21

Contractor Personnel on Site:

- |                           |                       |
|---------------------------|-----------------------|
| 1. <u>Patrick Donovan</u> | 3. <u>Brian Davis</u> |
| 2. _____                  | 4. _____              |

**Work Performed:**

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

1. 15081, 1508<sup>3</sup>~~x~~ 15082, 15101, 15103, 15106
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Average Building Temp 73 Average Building RH Humidity 36%

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 10/15/21

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 Williams, David Date: 10/15/21

Signed: 

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