

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD066 Date of Visit: 3/9/22

Contractor Personnel on Site:

1. David Gholian
2. _____
3. Patrick Donovan
4. _____

Work Performed:

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

1. WO'S CSS 34613 WO 16755
2. WO ~~15224 115225~~ 15296
3. batteries changed, combination
4. on vault door changed, motion
5. sensors tested

Average Building Temp 70.5 Average Building RH Humidity 34.6 %



CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 3/9/22

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: SFC Hayden, Christopher Date: 3/9/22

Signed: 

E-Mail: _____

