

**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 3. Patrick Donovan
2. _____ 4. _____

Work Performed:

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

1. WO'S **CSS 34613 WO 16755**
2. ~~WO 15224-15225-15296~~
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: _____