

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: MD021 Date of Visit: 5/24/21

Contractor Personnel on Site:

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

Work Performed:

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

1. WO 14351
2. found chiller off due to power outage. reset chiller into run mode.
3. Went through all rooms that were accessible and observed
4. building operation.
5. _____

Average Building Temp 74

Average Building RH Humidity 39 %

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 5/24/21

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 Catillo, Jamie Date: 5/24/21

Signed: 

E-Mail: 

