

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

FACID/Building: **MD066 White** Date of Visit: **7/21/22**

Contractor Personnel on Site:

1. **Patrick Donovan** 2. _____

Work Performed:

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

1. _____

Service Calls – Service Call Number and Description

1. CSS# **1775** WO **18686** RM **222**
2. CSS# **Removed access panel to unit. Found condensate drain pan full of water Added blow out line to unit. Cleared line Replaced damaged and put unit back in service.**
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name **Patrick Donovan** Date: **7/21/22**

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 the contractor was on-site during the identified timeline:

Print Name/Rank: **1LT Maldonado, Reynaldo** Date: **7/21/22**

Signed: 

E-Mail: _____

