

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: PA183 Date of Visit: 5/23/19

Contractor Personnel on Site:

- |                   |          |
|-------------------|----------|
| 1. <u>Scott K</u> | 3. _____ |
| 2. _____          | 4. _____ |

**Work Performed:**

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

1. WO# 8549 FILTERS
2. WO# 8743 INSPECTIONS
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Scott Kenders Date: 5/23/19

Signed: Scott Kenders

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: AL MOYNSKI Date: 5/23/19

Signed: AL MOYNSKI

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