

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: **Alexandria VA002** Date of Visit: **4/12/22**

Contractor Personnel on Site:

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

Work Performed:

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

- | | |
|-------------------------------|-------|
| 1. 16843, 16844, 16852 | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

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36

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: **Patrick Donovan** Date: **4/12/22**

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: **SSg Evan Usner** Date: **4/12/22**

Signed: 

E-Mail: _____