

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: VA002 Date of Visit: 11/10/21

Contractor Personnel on Site:

1. <u>Patrick Donovan</u>	3. _____
2. _____	4. _____

Work Performed:

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

1. 15206, 15264, 15273, 15334,
2. 15239,
3. _____
4. _____
5. _____

Average Building Temp 74 *

Average Building RH Humidity 38 %

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 11/10/21

Signed: Pat T

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: Madison Domogalla SPC Date: 11/10/21

Signed: M Domogalla

E-Mail: _____