

CERTIFICATION OF WORK

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

FACID/Building: Upper Marlboro MD016 Date of Visit: 9/9/19

Contractor Personnel on Site:

1. Patrick Donovan 2. _____

Work Performed:

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

1. 10264, 10315, 10552, 10567, 10280, 10303, 10568. FCU Filters, Mini Split Filters, Pumps, Unit heaters, Mini Split PM's, Flood lights/pole Mounted-vehicle Exhaust System.

Service Calls – Service Call Number and Description

1. CSS# _____
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 9/9/19

Signed: [Signature]

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: K.P. Augustin Date: 13 SEPT 2119

Signed: _____

E-Mail: kenneth.p.augustin.civ@mail.mil