

CERTIFICATION OF WORK

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

FACID/Building: Rockville MD021 Date of Visit: 10/28/19

Contractor Personnel on Site:

1. Patrick Donovan 2. Brian Davis

Craig Bennett

Work Performed:

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

1. 10665, 10666, 10667, 10668 Boilee. Certification
11030, Air Compressor Cert.

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: 10/28/19

Signed: Patrick Donovan

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: Dr. H. H. H. Date: 10/28/19

Signed: Dr. H. H. H.

E-Mail: Dr.H.H.H.1981@GMAIL.COM