

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE002 Date of Visit: _____

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Josh Michael</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

1. WO# 11678
2. ASSET 190918-122 Bldg.1, WATTS, MODEL 007M1-QT, SERIAL #432580
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Joshua D. Michael Date: 24 Feb 2020

Signed: Joshua D. Michael

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: JASON GAVIN AFOS Date: 2/24/2020

Signed: Jason Gavin

E-Mail: _____

Thank You