

**PREVENTIVE MAINTENANCE CERTIFICATION OF WORK**  
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID Building: Gaithersburg MD013 Date of Visit: 3/6/19

Contractor Personnel on Site:

1. Patrick Donovan

4.

5.

5.

6.

6.

**Work Performed:**

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

5. TEST WO# 7624, 7727, 7823, 7628, 7731, 7827

6. Grease Trap, Hot Water Pump, Baseboard radiators, Unit Heaters,  
7. Mini Splits, Condensing units, overhead Vehicle Exhaust systems,

8.

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Donovan

Date: 3/6/19

Signed

To be signed by Facility Manager or Government Official

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name Rank: TARA STLAURENT

Date: 3/6/19

Signed

E-Mail: TARA.F.STLAURENT.CW@mail.mil

## FILTER REPLACEMENT

MECHANIC  
SIGNATURE: \_\_\_\_\_

100

**START TIME:**

**FINISH TIME:**[illegible]

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, W/O #, photos, and a detailed description of the deficiency. To be performed by: **GMW Additional Notes:**