

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: MD002 Date of Visit: 10/20/20

Contractor Personnel on Site:

1. <u>JOHN BROWN</u>	3. _____
2. <u>ARGENT</u>	4. _____

Work Performed:

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

1. <u>BOILER CERTIFICATIONS</u>	_____
2. <u>WO 12784 12785</u>	_____
3. _____	_____
4. _____	_____
5. _____	_____

CERTIFICATION OF WORK

To be signed by the Contractor:

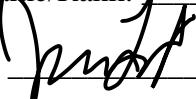
Print Name: Johnny W Brown Date: 10/20/20

Signed: 

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: SFC Jason Lamontagne Date: 10/20/20

Signed: 

E-Mail: _____