

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD013 Date of Visit: 8/9/22

Contractor Personnel on Site:

1. <u>Patrick Donovan</u>	3. _____
2. _____	4. _____

Work Performed:

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

1. <u>18726, 18763, 18780, 18795,</u>	
2. <u>18817, 18823, 18727, 18764,</u>	
3. <u>18781, 18796</u>	
4. _____	
5. _____	

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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 8/9/22

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:  salim erden Date: 8/9/22

Signed: 

E-Mail: _____