

**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. _____                              |           |
| <b>71</b>                             | <b>31</b> |
- 

**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:  sam erden Date: 8/9/22

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_