

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD013 Date of Visit: 3/3/22

Contractor Personnel on Site:

1. Patrick Donovan
2. _____
3. _____
4. _____

Work Performed:

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

1. WO'S
2. 16589, 16655, 16672, 16709, 16594, 16656, 16673, 16688
3. _____
4. _____
5. _____

Average Building Temp 74 Average Building RH Humidity 31 %

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 3/3/22

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: clay, raymond Date: 3/3/22

Signed: 

E-Mail: _____