

CERTIFICATION OF WORK

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

FACID/Building: Gaithersburg MD 2013 Date of Visit: 11/4/19

Contractor Personnel on Site:

1. Patrick J. Donovan 2. _____

Work Performed:

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

1. 1112, 1117, 1171, 11219, 1113, 1172

Air handlers, DX Chiller, Dehumidifier, Water Heaters, Furnace + Condensing unit

Service Calls – Service Call Number and Description

1. CSS# _____

2. CSS# _____

3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick J. Donovan Date: 11/4/19

Signed: Patrick J. Donovan

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: ARA ST. LAURENT Date: 11/04/19

Signed: ARA ST. LAURENT

E-Mail: ara.f.st.laurent@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: East Harrison #13

MECHANIC
SIGNATURE

...
...
...

DATE: 1/1/13

Mechanized
LOCATION/RM #: Rm. Bdg. 42 WO# 11113

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 #, WO #, photos, and a detailed description of the deficiency.

is performed by: Senior Maintenance Technician