

CERTIFICATION OF WORK

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

FACID/Building: Garthburg MD013 Date of Visit: 11/4/19

Contractor Personnel on Site:

1. Patrick Donovan 2. _____

Work Performed:

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

1. 11112, 11147, 11171, 11219, 11113, 11172
Air Handlers, DX Chillers, Dehumidifiers, Water Heaters, Furnaces + 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 Donovan Date: 11/4/19

Signed: [Signature]

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: [Signature]

E-Mail: lara.f.stlaurent@mail.mil

MECHANIC SIGNATURE:  DATE: 11/1/19

START TIME: 9:45 FINISH TIME: 10:30

[illegible]

To be performed by: General Maintenance Technician
Additional Notes: