

CERTIFICATION OF WORK

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

FACID/Building: Gaithersburg MD03 Date of Visit: 12/3/19

Contractor Personnel on Site:

1. Patrick Donovan 2.

Work Performed:

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

1. 11320, 11352, 11321, 11353 Pumps, Radiators, MiniSplits, Grease Trap, Vehicle Exhaust System

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: 12/3/19

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: TARA St Laurent GS-11 Date: 03 Dec 19

Signed: [Signature]

E-Mail: tara.f.stlaurent.civ@mail.mil

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE YES NO | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|-------------------|--|-------------------------|---|
| | exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed description of the deficiency. | | |
| | To be performed by: General Maintenance Worker | | |
| Additional Notes: | | | |