

CERTIFICATION OF WORK

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

FACID/Building: Gaithersburg MD013 Date of Visit: 5/6/19

Contractor Personnel on Site:

1. Patrick Donovan

2. _____

Work Performed:

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

1. 9642, 10048, 9643, Air Handlers, Filters, Water heaters & Furnace

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: 5/6/19

Signed: Patrick 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: TARA ST LAURENT GS11 Date: 5/6/19

Signed: Tara St Laurent

E-Mail: Tara.F.St.Laurent.CIV@mail.mil

FILTER REPLACEMENT

SITE AND BLDG #: Gaithersburg MD 013

MECHANIC
SIGNATURE

DATE: 8/06/19

LOCATION/RM #: Bldg #2 WO# 9643

START TIME: 9:00

FINISH TIME: 9:30

Initial and Date Filter (if disposable)	
1	Check, clean, and/or replace filters as required.
2	Initial and Date Filter (if disposable)
3	Initial and Date Yellow Maintenance Tag (if applicable)
2010	16x24X1
2012	16x24X1
	1
	Replaced filter
	"

Note: The technician shall perform any repairs identified during PM1 up to S250 (direct labor and direct material cost) per PM1 occurrence. For any deficiencies found

To be performed by: General Maintenance Technician
Additional Notes:

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