

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: 8/6/19

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 GS11 Date: 8/6/19

Signed: [Signature]

E-Mail: Tara.F.StLaurent.civ@mail.mil

SITE AND BLDG #:	LOCATION/RM #:	WO#
Gailthersberg	Bldg #2	9643
MD13		

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8/6/19

FINISH TIME: 9:30

[illegible]

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