

**CERTIFICATION OF WORK**  
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: Gaithersburg MD013 Date of Visit: 5/20/19

Contractor Personnel on Site:

1. Patrick Donovan      2. \_\_\_\_\_

**Work Performed:**

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

1. 8485, 8515, 8546, 8516, 8547, \_\_\_\_\_

**Service Calls** – Service Call Number and Description

1. CSS# \_\_\_\_\_
2. CSS# \_\_\_\_\_
3. CSS# \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 5/20/19

Signed: Patrick

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: AFM: S/1 LAUREN GRIFFIN Date: 5/20/19

Signed: Lauren

E-Mail: lauri.lauren.griffin@usgs.gov

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

## FILTER REPLACEMENT

SITE AND BLDG #: *2nd floor* *MP013*

LOCATION/RM #: Blgo #2  
Wksh. Rm. WO# 10541

MECHANIC  
SIGNATURE

1000

DATE: 5/20/19

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.

To be performed by: General Maintenance Technician  
**Additional Notes:**