

## CERTIFICATION OF WORK

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

FACID/Building: Upper Marlboro MD 20774 Date of Visit: 7/8/19

Contractor Personnel on Site:

1. Patrick Donovan

2.

### Work Performed:

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

1. 9051, 9542, 9514, 9543  
Fences, Overhead doors, Circulating Pump, Flood lights

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: 7/8/19

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: JASON GAVIN AFOS Date: 7/8/19

Signed: [Signature]

E-Mail: \_\_\_\_\_

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**LIGHTING, OUTSIDE**

MECHANIC

SIGNATURE:   
DATE: 7/8/19

**SITE AND BLDG #:** Upper Marlboro MD 2077    **LOCATION/RM #:** Bldg #2 WO# 9514 ASSET # 1457

**START TIME:** 9:45    **FINISH TIME:** 10:00

Task	Completed	Notes
1 In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to.	<input checked="" type="checkbox"/>	
2 Schedule and coordinate work with operating personnel.	<input checked="" type="checkbox"/>	
3 Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	<input checked="" type="checkbox"/>	
4		
5		
6		

**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 Worker

**Additional Notes:**