

CERTIFICATION OF WORK

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

FACID/Building: *Upper Marlboro MPOB* Date of Visit: *8/7/19*

Contractor Personnel on Site:

1. *Patrick Donovan*

2.

Work Performed:

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

1. *9644, 10085, 9665 Air Handler Filters, Freezer, Water Heater, Sump pump, 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: *8/7/19*

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: *NATHAN RIGNEY* Date:

Signed: *Nathan Rigney*

E-Mail:

