

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

FACID/Building: *Upper Marlboro MD 20773* 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: *Pat*

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: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

MECHANIC SIGNATURE

DATE: 5/2/13

LOCATION/RM #: See notes WO# 9644

START TIME: 9:50

SH TIME: 10:50

Initial and Date Yellow Maintenance Tag (if applicable)	
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)

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