

CERTIFICATION OF WORK

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

FACID/Building: Upper Marlboro MD014 Date of Visit: 5/21/19

Contractor Personnel on Site:

1. Patrick Donovan 2. _____

Work Performed:

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

1. 8466, 8517, 8548, 8466, 8518, Flood lights, Water Heater, Sump pump, AHU (Filters + PMs) Dehumidifier Freezer,
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: 5/21/19
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: Parker Richard Date: 20/90521

Signed: [Signature]

E-Mail: Richard . C. Parker 8 . CTRC@marlboro.mil

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