

CERTIFICATION OF WORK

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

FACID/Building: Rockville MD021 Date of Visit: 9/26/19

Contractor Personnel on Site:

1. Patrick Donovan

2. _____

Work Performed:

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

1. 10262, 10308, 10331, 10571, 10309, 10332, Heaters, Rooftop Package unit, Mini Splits, Fancoil units, Exhaust System, Hot water pumps
Service Calls - Service Call Number and Description Grease Trap, Glycol feeders, Expansion Tank

1. CSS# _____

2. CSS# _____

3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 9/26/19

Signed: Patrick Donovan

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: USA Captain, DPM Date: 26 Sept 19

Signed: J. M. Cintorini
E-Mail: j.m.cintorini.cintorini@navy.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: Kosciusko 4421

LOCATION/RM #: Various Room WO# 10262
IN BLDG # 1

MECHANIC
SIGNATURE

DATE: 9/8/19

2105		Varisee Sizes	74
2109		8X27X1	1
2110	2	16X20X4	4
2112		Cleanable filter (mini split)	6
		unit on Roof.	1

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