

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: [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: USA (intercom) [Signature] Date: 26 Sept 19

Signed: [Signature]

E-Mail: jennifer.m.cintora@na1.mil

SITE AND BLDG #: 160611-191021

MECHANIC  
SIGNATURE: 

DATE: 9/18/19

LOCATION/RM #:	WO#
Various Room	10262
in Bldg #1	

**START TIME:**

**FINISH TIME:**

[illegible]

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.

Page 1 of 1