

CERTIFICATION OF WORK

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

FACID/Building: Rockville MDO21 Date of Visit: 11/7/19

Contractor Personnel on Site:

1. Patrick Donovan 2. _____

Work Performed:

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

1. 11116, 11150, 11174, 11206, 11117, 11151, 11175
Air handlers, Ice Maker, Refrigerators, Water Heaters, Cond. units, dehumidifier
Furnace
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: 11/7/19

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: Felix Adrian SGT Date: 7 Nov 2019

Signed: [Signature]

E-Mail: adrian.l.felix2.mil@mail.mil

