

CERTIFICATION OF WORK

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

FACID/Building: Rockville MD 021 Date of Visit: 12/23/19

Contractor Personnel on Site:

1. Patrick Donovan 2. _____

Work Performed:

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

1. 11323, 11356, 11367, 11357, Filters, PMs on FCL, Pumps, Tanks, Heaters, GreasTrap, Vehicle Exhaust,

Service Calls – Service Call Number and Description

1. CSS# _____
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

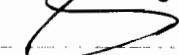
Print Name: Patrick Donovan Date: 12/23/19

Signed: 

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: Mayra Maldonado/CPT Date: 12/23/19

Signed: 

E-Mail: mayra.i.maldonadogonzalez.mil@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: Rockville MD031

MECHANIC
SIGNATURE

DATE: 12/6/9

LOCATION/RM #: See Notes WO# 11223

START TIME: 8:30

FINISH TIME: 2:45

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

Additional Notes: