

## CERTIFICATION OF WORK

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

FACID/Building: *Rockville MD021* Date of Visit: *2/5/2020*

Contractor Personnel on Site:

1. *Patrick Donovan*

2.

### Work Performed:

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

1. *11597, 11658, 11705, 11598, 11695, Filter Change on all AHU's, Water Treatment, Ice Maker, Refrigerators, Water Heaters*

### 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: *2/5/2020*

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: *Jenniffer Jenkins* Date: *5 FEB 20*

Signed: *Jenniffer Jenkins*

E-Mail: *Jenniffer.Jenkins@GSA.gov*

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### FILTER REPLACEMENT

SITE AND READING #:

LOCATION/RM #: see notes WO#: 11597

MECHANICAL  
SIGNATURE

DATE: 2/4/2020

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