

## CERTIFICATION OF WORK

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

FACID/Building: *Rockville MD 021* Date of Visit: *3/11/20*

Contractor Personnel on Site:

*1. Patrick Donovan*

2.

### Work Performed:

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

1. *11813, 11857, 11876, 11897, 11858, 11877 Fan coil units, Filters, Hot water pumps, Expansion Tank, Glycol feeder, Water Softener, Heaters, Service Calls – Service Call Number and Description Vehicle Exhaust.*

1. CSS#

2. CSS#

3. CSS#

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: *Patrick Donovan* Date: *3/11/20*

Signed: *Pat*

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: *Richard A. Chank GS-09* Date: *11/12/20*

Signed: *Richard A. Chank*

E-Mail: *richard.a.chank.civ@mail.mil*

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

## FILTER REPLACEMENT

SITE AND BLDG #: *Rockville 49201*  
LOCATION/RM #: *See notes* WO# *11813*

MECHANIC John H. D. SIGNATURE: John H. D. DATE: 3/09/20  
START TIME: 8:00 FINISH TIME: 1:30

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