

CERTIFICATION OF WORK

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

FACID/Building: Rockville MD021 Date of Visit: 5/10/19

Contractor Personnel on Site:

1. Patrick Donovan 2. _____

Work Performed:

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

1. 8490, 8521, 8552, 8491, 8522, 8553, AHU's, Dehumidifier, Water Heater
Condensing Units, 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: 5/10/19

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: Stephen J. Rhoads Date: 5/14/19

Signed: [Signature]

E-Mail: stephen.j.rhoads.civ@mail.mil

FILTER REPLACEMENT

MD021 Rockville

10

5/8/19

Bldg # 2 WO# 8553

START TIME: 11:30

FINISH TIME: 11:35

[illegible]

Additional Notes: