

CERTIFICATION OF WORK

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

FACID/Building: Rockville MD 021 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, Dehumidifiers, 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: Patrick

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: 5/11/19

Signed: Stephen J. Rhoads

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

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: 44D031 Rockville

LOCATION/RM #: Bldg # 2 WO# 8553

MECHANIC SIGNATURE: J. S. B. DATE: 5/8/19
START TIME: 11:30 FINISH TIME: 11:35

12/23		12x24x1	1
1	Check, clean, and/or replace filters as required.	✓	
2	Initial and Date Filter (if disposable)	✓	
3	Initial and Date Yellow Maintenance Tag (if applicable)	✓	

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: