

CERTIFICATION OF WORK

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

FACID/Building: Rockville MDO21 Date of Visit: 6/21/19

Contractor Personnel on Site:

1. Patrick Donovan
2. \_\_\_\_\_

Work Performed:

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

1. 4860, 8893, 8938, 8952, 8894, 8939, 8895

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: 6/21/19

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: James F. Borne SFC-E7 Date: 21 Jun 19

Signed: [Signature]

E-Mail: \_\_\_\_\_

