

**CERTIFICATION OF WORK**  
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: *Rockville MD 20811* 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. *8860, 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. Siletz* Date: *21 Jun 19*

Signed: *[Signature]*

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**FILTER REPLACEMENT**

SITE AND BLDG #: **Rockville MD**  
LOCATION/RM #: **Room Bldg #1 WO# 89160**

**MECHANIC**  
**SIGNATURE:** 

**DATE:** **6/18/19**

**START TIME:** **9:30**

**FINISH TIME:** **2:30**

Task	Completed	Notes
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)	✓	
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