

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

FACID/Building: Rockville MD021 Date of Visit: 8/12/19

Contractor Personnel on Site:

1. Patrick Donovan 2. _____

Work Performed:

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

1. 10090, 10089, 9648 Hot water heaters, Filters, Ice maker, Refrigerators.

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: 8/12/19

Signed: Patrick Donovan

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: MSG Cintron, Jennifer Date: 12AUG/19

Signed: Jennifer _____

E-Mail: Jennifer.m.cintron.m1@ma.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: Rockville MD 2081

MECHANIC SIGNATURE:  DATE: 8/2/19

LOCATION/RM #: Bldg #2 WO# ~~10090~~

START TIME: 11:15 FINISH TIME: 11:30

Task	Completed	Comments
1 Check, clean, and/or replace filters as required	<input checked="" type="checkbox"/>	
2 Initial and Date Filter (if disposable)	<input checked="" type="checkbox"/>	
3 Initial and Date Yellow Maintenance Tag (if applicable)	<input checked="" type="checkbox"/>	
2129	12X24X1	1
2129		Changed Filter

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: