

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.

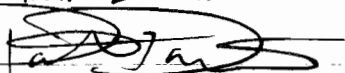
Service Calls – Service Call Number and Description

1. CSS# _____
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: Patrick Donovan Date: 8/12/19

Signed: 

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: 12 AUG 19

Signed: 
E-Mail: Jennifer.m.cintron.m.1@ma.mil

SITE AND BLDG #: 1 Rockville MD 20821
LOCATION/RM #: Bldg #2 WO# ~~00090~~ 611
MECHANIC SIGNATURE: [Signature] DATE: 8/12/19
START TIME: 11:15 FINISH TIME: 11:30

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