

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: Rockville MD021 Date of Visit: 7/15/22

Contractor Personnel on Site:

- | | |
|---------------------------|----------|
| 1. <u>Patrick Donovan</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

- | | |
|---------|-----------------------------|
| 1. WO'S | <u>18364, 18399, 18420,</u> |
| 2. | <u>18450, 18365, 18400</u> |
| 3. | _____ |
| 4. | _____ |
| 5. | _____ |

Average Building Temp 72 * Average Building RH Humidity 36 %

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 7/15/22

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: Jaime F Casiano Date: 7/15/22

Signed: 

E-Mail: _____