

**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. **Patrick Donovan** 3. _____
2. _____ 4. _____

Work Performed:

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

1. WO'S **18364, 18399, 18420,**
2. **18450, 18365, 18400**
3. _____
4. _____
5. _____

Average Building Temp **72** *

Average Building RH Humidity **36** %

CERTIFICATION OF WORK

To be signed by the Contractor:

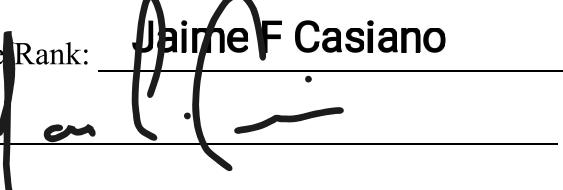
Print Name: **Patrick Donovan** Date: **7/15/22**

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: _____