

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD066 Date of Visit: 5/17/21

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	_____
2. <u>14086, 14098, 14099, 14112, 14126</u>	_____
3.	_____
4.	_____
5.	_____

Average Building Temp 71\* Average Building RH Humidity 36 %

---

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 5/17/21

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: SFC Williams, David Date: 5/17/21

Signed: 

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