

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD066 Date of Visit: 9/23/21

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. <u>14879, 14964, 14970, 14971, 14977, 14982</u> |
| 2. _____   |
| 3. _____   |
| 4. _____   |
| 5. _____   |


Average Building Temp 73 Average Building RH Humidity 36 %

-----

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 9/23/21

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: 9/23/21

Signed: 

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