

## CERTIFICATION OF WORK

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

FacID/Building: *White Plains, MD066* Date of Visit: *2/24/20*

Contractor Personnel on Site:

1. *Patrick Donovan* 2.

### Work Performed:

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

1. *11686, 11694, 11695, 11698, 11711, 11712*

### 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: *2/24/20*

Signed: *F. Bland*

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: *Matthew Edger CPT* Date: *24 Feb 20*

Signed: *Matthew Edger*

E-Mail:

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### FILTER REPLACEMENT

SITE AND BLDG #:

SITE AND BLDG #: Wilhite Print 4P. off

LOCATION/RM #: OMS      WO# 11686

START TIME: 1:00

FINISH TIME: 1:15

MECHANIC  
SIGNATURE: John D. Dill DATE 4/1/20

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found

To be performed by: General Maintenance Technician  
**Additional Notes:**