

CERTIFICATION OF WORK

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

FACID/Building: White Plains Date of Visit: 12/20/19

Contractor Personnel on Site:

1. Patrick Donavan 2. _____

Work Performed:

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

1. 11381, 11383, 11390, 11391, 11394, 11399. F/Ex, Lights, Vent Heater, Vehicle Exhaust, Lighting Rods, Curing Tower

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 Donavan Date: 12/20/19

Signed: Patrick Donavan

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: Martin Dierckx CPT Date: 20191220

Signed: Martin Dierckx

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: *White Plains MD 20666*

LOCATION/RM #: see notes WO# 11383

START TIME: *11:45*

FINISH TIME: 1:00

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

exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed description of the deficiency.

to be performed by: General Maintenance Technician