

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: PA051-19401 AND PA051-19402 Date of Visit: 9/18/19

Contractor Personnel on Site:

- |                   |          |
|-------------------|----------|
| 1. <u>SCOTT K</u> | 3. _____ |
| 2. _____          | 4. _____ |

**Work Performed:**

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

- |                |              |                                  |
|----------------|--------------|----------------------------------|
| 1. <u>WO #</u> | <u>10770</u> | <u>(PUMPS)</u>                   |
| 2. _____       | <u>10956</u> | <u>(CONTROL PANELS)</u>          |
| 3. _____       | <u>10841</u> | <u>(VEHICLE EXHAUST)</u>         |
| 4. _____       | <u>10898</u> | <u>(PTAC &amp; CONTROL PANE)</u> |
| 5. _____       | _____        | _____                            |

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: SCOTT KENDERS Date: 9/18/19

Signed: Scott Kenders

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: CPL VALDES, EDDY R Date: 20190918

Signed: [Signature]

E-Mail: eddy.valdes@usmc.mil