

## CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

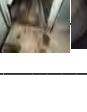
FACID/Building: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Contractor Personnel on Site:

|          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

### **Work Performed:**

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

|          |   |   |   |   |   |  |   |   |   |
|----------|---|---|---|---|---|--|---|---|---|
| 1. _____ |    |    |    |    |    |    |    |    |    |
| 2. _____ |   |   |   |   |   |   |   |   |   |
| 3. _____ |  |  |  |  |  |  |  |  |  |
| 4. _____ |  |  |  |  |  |  |  |  |  |
| 5. _____ |  |  |  |  |  |  |  |  |  |

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ 

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