

**CERTIFICATION OF WORK**  
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: Rockville MD021 Date of Visit: 11/7/19

Contractor Personnel on Site:

1. Patrick Donovan 2. \_\_\_\_\_

**Work Performed:**

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

1. 11016, 11150, 11174, 11206, 11117, 11151, 11175  
Air handlers, Ice Maker, Refrigerators, Water Heaters, Cond. units, dehumidifier  
Furnace  
Service Calls - Service Call Number and Description

1. CSS# \_\_\_\_\_  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 11/7/19  
Signed: Patricia J. Doe

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: Felix, Adrian SGT Date: 7 Nov 2019  
Signed: Felix, Adrian

E-Mail: adrian.1.Felix2.mil@mail.mil

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

## FILTER REPLACEMENT

SITE AND BUILD #: R. Kiff 147031

## MECHANIC SIGNATURE

DATE: 11/17/19

LOCATION/RM #: Blk # 2 WO# 1111

START TIME: 11:30

ENGLISH TIME:

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.

#### Additional Notes: