

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

FacID Building: *VA002 Alexandria* Date of Visit: *12/21/18*

Contractor Personnel on Site:

1. *Patrick Donovan* 4.  
2.  5.  
3.  6.  
7.

Work Performed:

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

1. *First Work 6795, 6765, 6788*  
2. *Hot water pumps, Pole mounted lights, Vehicle*  
*exhaust system.*  
3.   
4.   
5.   
6.   
7.   
8.

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: *Patrick Donovan*  
Signed: *[Signature]*

Date: *12/21/18*

To be signed by Facility Manager or Government Official

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name Rank: *Selina A. DiBella / SGT*  
Signed: *[Signature]*  
E-Mail: *selina.a.dibella.mil@mail.mil*

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

## VEHICLE EXHAUST REMOVAL

SITE AND BLDG #: Alexandria VA002

LOCATION/RM #: B101 # 2 WO# 6788 ASSET # 1572

MECHANIC  
SIGNATURE:   
DATE: 12/20/15  
START TIME: 9:30 FINISH TIME: 9:55

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.

10 be performed by: General Maintenance Worker  
**Additional Notes:** 12/11/17

Building 2 used as storage. Exhaust system works great