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

FACID/Building: VA002 Date of Visit: 2/28/22

Contractor Personnel on Site:

1. Patrick Donovan 2. _____

Work Performed:

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

1. 16289, 16311, 16337, 16395, 16322,15228

Service Calls – Service Call Number and Description

1. CSS#_____
2. CSS#_____
3. CSS#_____

temp: 70. hum: 36%

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 2/28/22

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: SSG Evan Usner Date: 2/22/28

Signed: _____

E-Mail: _____