

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: **Alexandria VA002** Date of Visit: **5/25/22**

Contractor Personnel on Site:

- | | |
|----------------------------------|----------|
| 1. <u>Patrick Donovan</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

1. WO'S **17205, 17604, 17694,**
17665, 17675, 17690
2. _____
3. _____
4. _____
5. _____

Average Building Temp **72** *

Average Building RH Humidity **33** %

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: **Patrick Donovan** Date: **5/25/22**

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: **5/25/22**

Signed: 

E-Mail: _____