

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: VA002 Date of Visit: 9/15/21

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>James Harris</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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


1. WO 14861, 14909, 14945, 14887, 14904
2. _____
3. _____
4. _____
5. _____

Average Building Temp 73 Average Building RH Humidity 36 %

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: Patrick Donovan Date: 9/15/21

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: 9/15/21

Signed: 

E-Mail: _____