

CERTIFICATION OF WORK

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

FACID/Building: Alexandria VA 22312 Date of Visit: 9/26/19

Contractor Personnel on Site:

1. Patrick Donovan

2. _____

Work Performed:

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

1. 10265, 10316, 10574, 10283, 10310

Service Calls – Service Call Number and Description

1. CSS# _____

2. CSS# _____

3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: _____

Signed: Patrick Donovan

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: John M. M. Date: 9/26/19

Signed: John M. M.

E-Mail: _____

Humidity + Temps.

Rm 113 B 75.3° + 33.1%

lobby 74.9° + 36.3%

102 B 75.5° + 37.1%

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

MECHANIC

— 1 —

111

SITE AND BLDG #: **Alexandria 14002**
LOCATION/RM #: **14002-1** WO# **10265**

START TIME: See notes FINISH TIME: See notes

1		2		3	
1	Check, clean, and/or replace filters as required.				
2	Initial and Date Filter (if disposable)				
3	Initial and Date Yellow Maintenance Tag (if applicable)				

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

To be performed by: General Maintenance Technician

Additional Notes:

Asset# 2187-2216 PT-10

4 2218-2225 min Splits ✓
2216 places ✓

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9/23/19 - PTac's on 1st Floor 9:20-12:05
a few min. splits

9/24/01 PTacs
Spirits