

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

FACID/Building: Alexandria VA002 Date of Visit: 11/20/19

Contractor Personnel on Site:

1. Patrick Donovan 2. \_\_\_\_\_

**Work Performed:**

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

1. 11119, 11153, 11177, 11207, 11133, 11154 Air handlers, water heater, Time clocks, Photocell, Condenser units, Chiller, dehumidifier  
Service Calls – Service Call Number and Description lights, water treatment.

1. CSS# \_\_\_\_\_
2. CSS# \_\_\_\_\_
3. CSS# \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 11/20/19

Signed: PD

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: Selina DiBella /SGT Date: 2019 11 20

Signed: SD

E-Mail: selina.a.dibella-mail@mail.com

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

## FILTER REPLACEMENT

SITE AND BLDG #:

Alvarez 1493

## **SIGNATURE**

100

1

154

START TIME:

11.20

114

FINISH

IE: 12:00

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.

#### Additional Notes: