

CERTIFICATION OF WORK

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

FacID/Building: Alexandria VA 002 Date of Visit: 2/26/2020

Contractor Personnel on Site:

1. Patrick Donovan

2.

Work Performed:

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

1. 11600, 11612, 11661, 11641, Filters, Water Heater, Photo cell, Water Treatment, Outside lights

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: 2/26/2020

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: George R. Marin Date: 2/26/20

Signed: George R. Marin

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: Alexandria VA 22314

MECHANIC
SIGNATURE:  DATE: 2/26/20

LOCATION/RM #: Drill Hall WO# 11690

START TIME: 9:20 FINISH TIME: 10:00

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.

To be performed by: General Maintenance Technician