

**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: **2/28/22**

Contractor Personnel on Site:

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

Work Performed:

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

- | |
|---|
| 1. <u>15228 Assets 1352-1356</u> |
| 2. _____ |
| 3. <u>CSS 34698 WO 16761</u> |
| 4. _____ |
| 5. _____ |

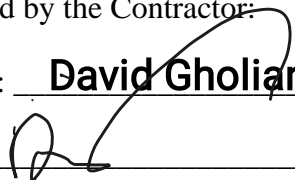
70

36

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: **David Gholian** Date: **2/28/22**

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: **2/28/22**

Signed: 

E-Mail: _____