

**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. **David Gholian** 3. **Patrick Donovan**
2. _____ 4. _____

Work Performed:

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

1. **15228 Assets 1352-1356**
2. _____
3. **CSS 34698 WO 16761**
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: _____