

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD024 Date of Visit: 7/21/20

Contractor Personnel on Site:

1. <u>JOHN BROWN</u>	3. _____
2. _____	4. _____

Work Performed:

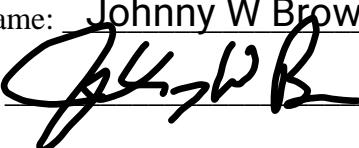
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WOs 12361AN 12375MO 12403SA 12404SA 12405SA 12406SA 12407SA
2. AIR COMPRESSOR, FENCE, GATE, OVERHEAD DOOR
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

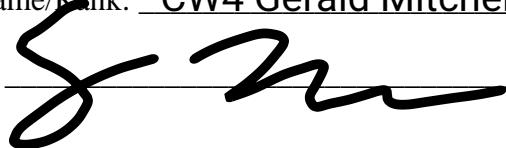
Print Name: Johnny W Brown Date: 7/21/20

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: CW4 Gerald Mitchell Date: 7/21/20

Signed: 

E-Mail: _____

