

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD002 Date of Visit: 7/24/20

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 12351AN, 12373MO, 12387SA, 12435PMS, 12352AN, 12388SA, 12432PMS, 12353AN, 12389SA
2. 12390SA, 12391SA, 12423PMF, 12428PMR, 12392SA, 12429PMS
3. FENCE, FLOOD LIGHT, OVERHEAD DOOR CIRCULATION PUMP, AIR COMPRESSOR, AUTO ACCESS KEYCARD, OVERHEAD DOOR
4. AIPHONE
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 7/24/20

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: SFC Jason Lamontagne Date: 7/28/20

Signed: 

E-Mail: _____