

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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





FACID/Building: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Contractor Personnel on Site:

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**Work Performed:**

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

- |          |                                                                                   |                                                                                   |                                                                                   |                                                                                    |       |
|----------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------|
| 1. _____ |  |  |  |  | _____ |
| 2. _____ |                                                                                   |                                                                                   |                                                                                   |                                                                                    | _____ |
| 3. _____ |                                                                                   |                                                                                   |                                                                                   |                                                                                    | _____ |
| 4. _____ |                                                                                   |                                                                                   |                                                                                   |                                                                                    | _____ |
| 5. _____ |                                                                                   |                                                                                   |                                                                                   |                                                                                    | _____ |

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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: Thomas Mcburney Date: 20260106

Signed: *Thomas m mcburney*

E-Mail: \_\_\_\_\_