

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 12/20/21

Contractor Personnel on Site:

1. PATRICK BROWN 3. _____
2. _____ 4. _____

Work Performed:

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

1. WO#'S , 15221 , 15222 , 15289 , 15290 , 15340 , 15341 ,
2. 15493 , 15521 , 15223 , 15224 , 15311 , 15342 , 15343 , 15522 ,
3. ASSET#'S , 10035 , 10036 , 10066 , 10069 , 10042 , 10065 ,
4. 10073 , 10077 , 10080 , 10075 , 10076 , 190917- , 294 , 299 ,
5. 292 , 293 , 297 , 298 , 300 , 303 , 304 , 305 , 306 ,

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12/20/21

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 ERIC ABBOTT Date: 12/20/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: NY051 BLDG2

LOCATION/RM #: BLDG2 wo# 15223,15224

MECHANIC SIGNATURE:

DATE: 12/20/21

START TIME: 11:30am

FINISH TIME: 12pm

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed description of the deficiency.

To be performed by: General Maintenance Technician

Additional Notes: