

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: PA051-09 Date of Visit: 5/9/19

Contractor Personnel on Site:

1. Scott K 3. _____
2. NICK C 4. _____

Work Performed:

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

1. WO 8470 FILTERS
2. WO 8768 INSPECTIONS
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Kenders Date: 5/9/19
Signed: Scott Kenders

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: Al Yonanovic Date: 5/10/19
Signed: Al Yonanovic

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

Filter Replacement

SITE AND BLDG #: PA051-09

MECHANIC
SIGNATURE: Sk DATE: 5/9/19

LOCATION/RM #: 202 FL

START TIME: 8:15 FINISH TIME: 8:20

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
8470	3159	1Q 301	1000000000				AC UNIT	

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: GMW **Additional Notes:**

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

Filter Replacement

SITE AND BLDG #: 9A051-09

MECHANIC
SIGNATURE: SK DATE: 5/9/9

LOCATION/RM #: 1st Fl

START TIME: 8:10 FINISH TIME: 8:15

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
	8470	3007	FQ 301	Extruder Master			AC	
CHECKPOINT		CHECKPOINT DESCRIPTION		TO BE PERFORMED AT EACH INSPECTION SERVICE		TASK COMPLETE	NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)	
1		Check, clean, and/or replace both internal and external filters as necessary.		YES		✓		
2		Label and Date Filter		NO		✓		
3		Did YELLOW Maintenance Tag get Initialed		YES		✓	Make sure YELLOW Maint Tag is initialed on Asset	
3		Did all High Asset Filters get Changed		NO		✓		
Qty		Size		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)				
61		20 x 30 x 1				✓		

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: GMW **Additional Notes:**

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

Filter Replacement

SITE AND BLDG #: PA051-09

MECHANIC SIGNATURE: SK DATE: 5/9/19

LOCATION/RM #: 1st Floor

START TIME: 8:05 FINISH TIME: 8:10

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
8470	3006	10301						1st Floor

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
1	Check, clean, and/or replace both internal and external filters as necessary.	✓		
2	Label and Date Filter	✓		
3	Did YELLOW Maintenance Tag get Initialed	✓		Make sure YELLOW Maint Tag is initialed on Asset
3	Did all High Asset Filters get Changed	✓		
Qty	Size	NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)		
(1)	16 x 30 x 1	✓		

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: GMW Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

Filter Replacement

SITE AND BLDG #: PA051-09

MECHANIC
SIGNATURE:

15

DATE:

LOCATION/RM #: ST Flap

START TIME: 8 FINISH TIME:

FINISH TIME: 8:05

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: GMW **Additional Notes:**