

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: Aa051-19402 Date of Visit: 8-13-19

Contractor Personnel on Site:

- |                          |          |
|--------------------------|----------|
| 1. <u>Dominic Stango</u> | 3. _____ |
| 2. <u>Scott Rendlers</u> | 4. _____ |

**Work Performed:**

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

1. WO# 10285, 10489
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Dominic Stango Date: 8-13-19

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: AL Nowinski Date: 8/13/19

Signed: \_\_\_\_\_

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

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** Filter Replacement

SITE AND BLDG #: P0051-194-02


MECHANIC SIGNATURE: 

DATE: 8-13-19

LOCATION/RM #: Office

START TIME: 11

FINISH TIME: 11:05

Site Location	WO #	Asset #	PM #	Manufac turer	Model Number	Serial #	Asset Description	Asset Location
P0051-194-02	10285	4657					PTAC	Office

*Feedback*

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.	<input checked="" type="checkbox"/>		
2	Label and Date Filter	<input checked="" type="checkbox"/>		
3	Did YELLOW Maintenance Tag get Initialed	<input checked="" type="checkbox"/>		Make sure YELLOW Maint Tag is initialed on Asset
3	Did all High Asset Filters get Changed	<input checked="" type="checkbox"/>		
Qty	Size			NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
2	variable			

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 #:** 10051-19402

**MECHANIC SIGNATURE:** 

**DATE:** 8-13-19

**LOCATION/RM #:** 10ft

**START TIME:**

**FINISH TIME:**

Site Location	WO #	Asset #	PM #	Manufac turer	Model Number	Serial #	Asset Description	Asset Location
10051-19402	10285	3428					Make up air	10ft

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS  (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check, clean, and/or replace both internal and external filters as necessary.	<input checked="" type="checkbox"/>		
2	Label and Date Filter	<input checked="" type="checkbox"/>		
3	Did YELLOW Maintenance Tag get Initialed	<input checked="" type="checkbox"/>		Make sure YELLOW Maint Tag is initialed on Asset
3	Did all High Asset Filters get Changed	<input checked="" type="checkbox"/>		
Qty	Size			NOTES/ ACTIONS  (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
	media filters			

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:**