

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: Pa051-19402 Date of Visit: 8-13-19

Contractor Personnel on Site:

1. <u>Dominic Stango</u>	3. _____
2. <u>Scott Renderers</u>	4. _____

**Work Performed:**

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

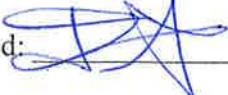
1. W04 10285, 10489
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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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 Mowinske Date: 8/13/19

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

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

## Filter Replacement

SITE AND BLDG #: 20-02-15004

MECHANIC  
SIGNATURE: 

DATE: 8-13-19

LOCATION/RM #: Office

START TIME: 11:00 FINISH TIME: 11:05

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
16031-19402	10285	4657					PTAC	Office

**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 #: 2005-19402

SIGNATURE: 

ATE: 8-13-19

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
20051-19400	10255	34285					MARE up air	loft

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