

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: PA051-19401 Date of Visit: 5/9/19

Contractor Personnel on Site:

- |                    |          |
|--------------------|----------|
| 1. <u>SCOTT K.</u> | 3. _____ |
| 2. <u>NICK C.</u>  | 4. _____ |

**Work Performed:**

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

1. WO # 8478 FILTERS
2. WO # 8617 CONDENSERS
3. WO # 8750 VAV BOXES
4. \_\_\_\_\_
5. \_\_\_\_\_

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**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 MALPASCAR Date: 5/10/19

Signed: Al Malpascar

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

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **Filter Replacement**

SITE AND BLDG #: PA051-1A401

MECHANIC SIGNATURE: SK

DATE: 5/9/19

LOCATION/RM #: 2<sup>ND</sup> FL

START TIME: 150

FINISH TIME: 155

Site Location	WO #	Asset #	PM #	Manufac turer	Model Number	Serial #	Asset Description	Asset Location
2 <sup>ND</sup> FL	8478	3364	FA 3026	DES CHAMRS				HRU

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)
2	26 x 20 x 1 MEDIA PAD	✓		

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 #: PAD51-19401

MECHANIC SIGNATURE: SK

DATE: 5/9/09

LOCATION/RM #: SERVER

START TIME: 11

FINISH TIME: 1110

Site Location	WO #	Asset #	PM #	Manufac turer	Model Number	Serial #	Asset Description	Asset Location
	8478	3020	FQ 3020				SERVER Rm	

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)		
15	20x20x1	<input checked="" type="checkbox"/>		

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:**