

**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: 5/6/19

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. 8550 wo, WOT 8739
2. _____
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott KENDERS Date: 5/6/19
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 Hansen Date: 5/10/19
Signed: Al Hansen
E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

Filter Replacement

SITE AND BLDG #: PA051-19402

MECHANIC SIGNATURE: SK DATE: 5/6/19

LOCATION/RM #:

UPSTAIRS

START TIME: 105

FINISH TIME: 115

CHECK POINT	CHECKPOINT DESCRIPTION		TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO. PROVIDE EXPLANATION)
		TO BE PERFORMED AT EACH INSPECTION SERVICE	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 Initiated		✓		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)
10	1 1/2 x 2 1/2		✓		

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: