

**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. <u>Scott K</u> | 3. _____ |
| 2. <u>NICK C</u>  | 4. _____ |

**Work Performed:**

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

- |                             |
|-----------------------------|
| 1. <u>8550 wo, WO# 8739</u> |
| 2. _____                    |
| 3. _____                    |
| 4. _____                    |
| 5. _____                    |

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name Scott Date 5/6/19

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 \_\_\_\_\_ the \_\_\_\_\_ timeline:

Print N L Date: 5/10/19

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

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

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** Filter Replacement

SITE AND BLDG #: PA051-19402

MECHANIC SIGNATURE: SK

DATE: 5/6/19

LOCATION/RM #: 05STAIRS

START TIME: 105

FINISH TIME: 115

Site Location	W/O #	Asset #	PM #	Manufac turer	Model Number	Serial #	Asset Description	Asset Location
	8556	3428	184657	Reznor	no tag	no tag	MAU	05STAIRS

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)		
16	1 1/2 x 24	<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 #, W/O #, photos, and a detailed description of the deficiency. To be performed by: **GMW Additional Notes:**