

**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 8719  
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

C

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 #:

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)			
16	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: