

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: PA051-227 Date of Visit: 5/6/19

Contractor Personnel on Site:

1. Scott K
2. NICK C
3. _____
4. _____

Work Performed:

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

1. WO # 8754 VAR BOXES
 2. WO # 6511 FILTERS
 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 Maysen Date: 5/6/19

Signed: Al Maysen

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

Filter Replacement

SITE AND BLDG #: **QA051-227**

MECHANIC SIGNATURE: **SK** DATE: **5/6/19**

LOCATION/RM #: **BACK AREA**

START TIME: **11:45** FINISH TIME: **12:00**

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
QA051-227	8511	3475	PM00948	10	TRG	AVAILABILITY	Back Area	

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)		
1	14 x 25 x 2	J		

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 #: PA 051-227
MECHANIC SIGNATURE: *Sk* DATE: 5/6/19

LOCATION/RM #: BACK PARK OUTSIDE START TIME: 11:30 FINISH TIME: 11:45

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
PHAS1-227	4511	3427		REVEN	?	?	MA0	BACK outside

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 #: **PA 051-227**

MECHANIC SIGNATURE: **SK** DATE: **5/6/19**

LOCATION/RM #: **VENTS NEAR GARAGE**

START TIME: **11 15** FINISH TIME: **11 30**

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
851	315	PSA 404	TR4E	REBORN	REBORN	ANU		NEAR GARAGE
CHECK POINT				CHECKPOINT DESCRIPTION		TASK COMPLETE	NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)	
				TO BE PERFORMED AT EACH INSPECTION SERVICE				

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

Filter Replacement

SITE AND BLDG #: QA051-227

MECHANIC
SIGNATURE: SK DATE: 5/6/19

LOCATION/RM #: LOFT

START TIME: 11 FINISH TIME: 11:15

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
8511	3114	PM SA 484	TRAINEE	McAUGHERN	KOOL KEEZ	1001200	AHU	LOFT

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: