

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: Pa166-02 Date of Visit: 8-23-19

Contractor Personnel on Site:

1. Dominic Stango 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

**Work Performed:**

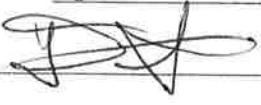
**Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)**

1. W# 10 23810449  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

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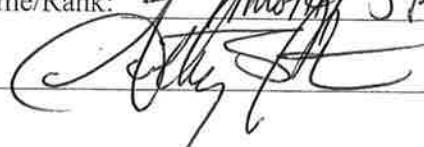
**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Dominic Stango Date: 8-23-19  
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 during the identified timeline:

Print Name/Rank: Timothy S. Peters Date: 23 Aug 19  
Signed:   
E-Mail: \_\_\_\_\_

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

Filter Replacement

**SITE AND BLDG #:** Pal66-02

**MECHANIC SIGNATURE:** TSF **DATE:** 8-23-19

**LOCATION/RM #:** bay 2

**START TIME:** 12:30

**FINISH TIME:** 12:35

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
<u>Pal66-02</u>	<u>16734</u>	<u>3418</u>	<u>Refriger</u>				<u>MAN</u>	<u>bay 3</u>

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)		
X	20A65K2			

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 #: Pg 166-02

SITE AND BLDG #: Pa 166-02  
MECHANIC SIGNATURE:   
DATE: 8-22-19

LOCATION/RM #: bcw3

FINISH TIME: 1:22.2

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
Pa.106	10238	34170		Washington			MANU	

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 #:** Pa166-02

**MECHANIC SIGNATURE:** D. D.

**DATE:** 8-22-19

**LOCATION/RM #:** Gym

**START TIME:** 12:30

**FINISH TIME:** 12:35

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
<u>Pa166</u>	<u>10238</u>	<u>3424</u>		<u>TRANE</u>			<u>Furnace</u>	<u>Gym</u>
<b>CHECKPOINT DESCRIPTION</b>								
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>								
<b>TASK COMPLETE</b>								
<b>YES</b>								
<b>NO</b>								
<b>NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED, NO PROVIDE EXPLANATION)</b>								
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 Initiated								
<input checked="" type="checkbox"/>								
3 Did all High Asset Filters get Changed								
<input checked="" type="checkbox"/>								
<b>NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED, NO PROVIDE EXPLANATION)</b>								
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 Initiated								
<input checked="" type="checkbox"/>								
3 Did all High Asset Filters get Changed								
<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:

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

Filter Replacement

**SITE AND BLDG #:** Palms DR

**MECHANIC SIGNATURE:**  **DATE:** 8-22-19

**LOCATION/RM #:** Gym

**START TIME:** 12:35 **FINISH TIME:** 12:40

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
<u>Palms DR</u>	<u>10236</u>	<u>3425</u>		<u>None</u>			<u>Furnace</u>	<u>Gym</u>
<b>CHECKPOINT DESCRIPTION</b>								
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>								
<b>TASK COMPLETE</b>								
<b>YES</b>								
<b>NO</b>								
<b>NOTES/ ACTIONS</b> (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)								
<b>1</b> Check, clean, and/or replace both internal and external filters as necessary.								
<input checked="" type="checkbox"/> <u>✓</u>								
<b>2</b> Label and Date Filter								
<input checked="" type="checkbox"/> <u>✓</u>								
<b>3</b> Did YELLOW Maintenance Tag get Initialed								
<input checked="" type="checkbox"/> <u>✓</u>								
<b>3</b> Did all High Asset Filters get Changed								
<input checked="" type="checkbox"/> <u>✓</u>								
<b>NOTES/ ACTIONS</b> (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)								
<b>Qty</b>								
<b>Size</b>								
<u>1</u>								
<u>16x25x1</u>								

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

## Filter Replacement

SITE AND BLDG #: 1a 166-0C

LOCATION/RM #: 6100

110

DATE: 4-23-19

MECHANIC  
SIGNATURE: 

**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:**