CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE

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

FACID/Building: Pa166-03 Date of Visit: 8-22, 8-23

Contractor Personnel on Site:

1. Dominic Stango
2. _____
3. _____
4. _____

Work Performed:

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

1. wo# 10213, 10477
2. _____
3. _____
4. _____
5. _____

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 #: Pa166-03

MECHANIC SIGNATURE: [signature]

DATE: 8-23-19

LOCATION/RM #: NA

START TIME: 10

FINISH TIME: 10:10

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
Pa166	10213	3109					Air handler	

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE YES	TASK COMPLETE NO	NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
	TO BE PERFORMED AT EACH INSPECTION SERVICE			
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)
6	16x20x4			

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 #: Pa166-03

MECHANIC SIGNATURE: [signature]

DATE: 8-23-19

LOCATION/RM #: NA

START TIME: 10:20

FINISH TIME: 10:30

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
Pa166	10213	3350						

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE YES	TASK COMPLETE NO	NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
TO BE PERFORMED AT EACH INSPECTION SERVICE				
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)
4	20x20x2			

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:**