

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: Pal 66-6B Date of Visit: 8-23-19

Contractor Personnel on Site:

- | | |
|--------------------------|----------|
| 1. <u>Dominic Stango</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

- | |
|----------------------------|
| 1. <u>WO# 10299, 10393</u> |
| 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 #: Pal66-6B

MECHANIC SIGNATURE: 

DATE: 8-28-19

LOCATION/RM #: 1004

START TIME: 8:30

FINISH TIME: 8:25

Site Location	WO #	Asset #	PM #	Manufac turer	Model Number	Serial #	Asset Description	Asset Location
Pal66-6B	16299	4691		Carrier			ERC	1004

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"/>	<input type="checkbox"/>	
2	Label and Date Filter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Did YELLOW Maintenance Tag get Initialed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Make sure YELLOW Maint Tag is initialed on Asset
3	Did all High Asset Filters get Changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Qty	Size	NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO. PROVIDE EXPLANATION)		
2	14X85X2			

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 #: Palke-6B

MECHANIC SIGNATURE: [Signature]

DATE: 8-23-19

LOCATION/RM #: ROOF

START TIME: 8:35

FINISH TIME: 8:40

Site Location	WO #	Asset #	PM #	Manufac turer	Model Number	Serial #	Asset Description	Asset Location
Palke-6B	10299	4692		Carrier			Brn	ROOF

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)
2	14X25X2			

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:**