

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: PA071 Date of Visit: 5/22/19

Contractor Personnel on Site:

- |                   |          |
|-------------------|----------|
| 1. <u>Scott K</u> | 3. _____ |
| 2. _____          | 4. _____ |

**Work Performed:**

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

- |                                |
|--------------------------------|
| 1. <u>WO# 8502 FILTERS</u>     |
| 2. <u>WO# 8767 INSPECTIONS</u> |
| 3. _____                       |
| 4. _____                       |
| 5. _____                       |

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Scott KENDERS Date: 5/22/19

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 Maljarski Date: 5/22/19

Signed: AL Maljarski

E-Mail: \_\_\_\_\_

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** Filter Replacement

SITE AND BLDG #: PA171

MECHANIC SIGNATURE: SK

DATE: 5/22/19

LOCATION/RM #: OUTSIDE

START TIME: 9 05

FINISH TIME: 9 10

Site Location	WO #	Asset #	PM #	Manufac turer	Model Number	Serial #	Asset Description	Asset Location
	8502	3363	FA3075	BEARER	3800-EA	14U-EC	14U	

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	18x24x2	✓		

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 #: PA171

MECHANIC SIGNATURE: SK

DATE: 5/22/19

LOCATION/RM #: MECH

START TIME: 9

FINISH TIME: 905

Site Location	WO #	Asset #	PM #	Manufac turer	Model Number	Serial #	Asset Description	Asset Location
	8502	3875	F03075	TRANE	18CAV08D	T02J71580	AHU	

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)
2	10 x 25 x 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:**

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** Filter Replacement

SITE AND BLDG #: PA171

MECHANIC SIGNATURE: SK

DATE: 5/22/19

LOCATION/RM #: 5A995

START TIME: 910

FINISH TIME: 925

Site Location	WO #	Asset #	PM #	Manufac turer	Model Number	Serial #	Asset Description	Asset Location
	8502	3434	FO 3475	TRANE	---	---	M9U	

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)
35	16x20x2	<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 #: PA171

MECHANIC SIGNATURE: SK

DATE: 5/22/19

LOCATION/RM #: BACK AREA

START TIME: 9 25

FINISH TIME: 9 30

Site Location	W/O #	Asset #	PM #	Manufac turer	Model Number	Serial #	Asset Description	Asset Location
	8502	3436	FA 3575	TRANS	ST1A10310018	02110255	MAU	

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)
④	20x20x2	<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 #, W/O #, photos, and a detailed description of the deficiency. To be performed by: **GMW Additional Notes:**