

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: 1500 Park Date of Visit: 8-15-19

Contractor Personnel on Site:

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

Work Performed:

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

1. WIFI 10181, 10438
2. _____
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Dominic Stango Date: 8-15-19

Signed: D.S.

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: K. Myslinski Date: 8/15/19

Signed: K. Myslinski

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

Filter Replacement

SITE AND BLDG #: Pal 93

MECHANIC
SIGNATURE: 

DATE: 8-15-09

LOCATION/RM #: 2

START TIME: 12:05

FINISH TIME: 12:10

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\93

MECHANIC SIGNATURE: 

DATE: 8-15-19

LOCATION/RM #: 3

START TIME: 12:10

FINISH TIME: 12:15

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|-------|---------|------|--------------|--------------|----------|-------------------|----------------|
| Pa\93 | 10181 | 3078 | | Freudicke | | | for bagged AC | 3 |

| 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) | | |
| 1 | 14x20x1 | | | |
| 1 | 18x20x1 | | | |
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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 #: 10193

MECHANIC SIGNATURE: 

DATE: 8-15-19

LOCATION/RM #: 1

START TIME: 12:15

FINISH TIME: 12:20

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|-------|---------|------|--------------|--------------|----------|-------------------|----------------|
| 10193 | 10181 | 3079 | | Frederick | | | Backlogged AC | 1 |

| 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 | 2 |
| 1 | 14X20X1 | | |
| 1 | 18X20X1 | | |
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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 #: Aa 193

LOCATION/RM #: 5

MECHANIC SIGNATURE: J. S. **DATE:** 8-15-19

START TIME: 12:20 **FINISH TIME:** 12:25

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|--------------|-------------|------|------------------|--------------|----------|-----------------------|----------------|
| <u>Aa 193</u> | <u>16181</u> | <u>3850</u> | | <u>Frederick</u> | | | <u>Refrigerant AC</u> | <u>5</u> |

| CHECK POINT | CHECKPOINT DESCRIPTION | TO BE PERFORMED AT EACH INSPECTION SERVICE | | TASK COMPLETE YES NO | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|-------------|---|--|---|------------------------------|---|
| | | 1 | 2 | | |
| 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"/> | | | 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) |
| 1 | 14X20X1 | | | | |
| 1 | 14X20X1 | | | | |
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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 #: 80193

LOCATION/RM #: 6

MECHANIC SIGNATURE: J. S. **DATE:** 8-15-19

START TIME: 08:30 **FINISH TIME:** 12:35

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|--------------|-------------|------|-----------------|--------------|----------|--------------------|----------------|
| <u>80193</u> | <u>10181</u> | <u>3081</u> | | <u>Fredrick</u> | | | <u>backaged AC</u> | <u>6</u> |

| CHECK POINT | CHECKPOINT DESCRIPTION | TO BE PERFORMED AT EACH INSPECTION SERVICE | | TASK COMPLETE YES NO | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO. PROVIDE EXPLANATION) | |
|-------------|---|--|---|------------------------------|---|---|
| | | 1 | 2 | | 3 | 4 |
| 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"/> | | | 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) | |
| | <u>14X20X</u> | | | | | |
| | <u>18X20X</u> | | | | | |
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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 193

MECHANIC SIGNATURE: 

DATE: 8-15-19

LOCATION/RM #: 7

START TIME: 12:40

FINISH TIME: 12:45

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location | | |
|---------------|---|---------|-----------|---|--------------|----------|---|----------------|--|--|
| Pa 193 | 10181 | 3087 | Frederick | | | | Packaged AC | 7 | | |
| Check Point | CHECKPOINT DESCRIPTION | | | TO BE PERFORMED AT EACH INSPECTION SERVICE | | | 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 Initiated | | | ✓ | | | 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 | MAXCX1 | | | | | | | | | |
| 1 | 15X20X1 | | | | | | | | | |
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PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

Filter Replacement

SITE AND BLDG #: Roof

LOCATION/RM #: 8

MECHANIC SIGNATURE: John

DATE: 8-15-19

START TIME: 12:50

FINISH TIME: 12:55

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---|--------------|-------------|------|--|--------------|----------|--------------------|----------------|
| <u>Roof</u> | <u>10181</u> | <u>3043</u> | | | | | <u>Packaged AC</u> | <u>S</u> |
| CHECK POINT | | | | CHECKPOINT DESCRIPTION | | | | |
| | | | | TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | | | | TASK COMPLETE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| Check, clean, and/or replace both internal and external filters as necessary. | | | | (IF TASK COMPLETE IS CHECKED NO. PROVIDE EXPLANATION) | | | | |
| 2 | | | | <input checked="" type="checkbox"/> | | | | |
| Label and Date Filter | | | | | | | | |
| 3 | | | | <input checked="" type="checkbox"/> | | | | |
| Did YELLOW Maintenance Tag get Initiated | | | | Make sure YELLOW Maint Tag is initialed on Asset | | | | |
| 3 | | | | <input checked="" type="checkbox"/> | | | | |
| Did all High Asset Filters get Changed | | | | | | | | |
| Qty | | | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO. PROVIDE EXPLANATION) | | | | |
| <u>1</u> | | | | <input checked="" type="checkbox"/> | | | | |
| <u>1</u> | | | | | | | | |
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PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

Filter Replacement

SITE AND BLDG #: Pa|q3

LOCATION/RM #: 8

MECHANIC SIGNATURE: John

DATE: 8-15-16

START TIME: 1

FINISH TIME: 1.05

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|------|---------|------|--------------|--------------|----------|-------------------|----------------|
| Pa q3 | 1081 | 2084 | | Frederick | | | Packaged AC | 9 |

| CHECK POINT | CHECKPOINT DESCRIPTION | TO BE PERFORMED AT EACH INSPECTION SERVICE | | TASK COMPLETE YES NO | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|-------------|---|--|-------------------------------------|------------------------------|---|
| | | 1 | 2 | | |
| 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"/> | | 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) |
| 1 | 1000x1 | | | | |
| 1 | 18x20y1 | | | | |
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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 #: 8a193

LOCATION/RM #: 10

MECHANIC SIGNATURE: SD **DATE:** 8-15-13

START TIME: 1:05

FINISH TIME: 1:10

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|-------|---------|------|--------------|--------------|----------|-------------------|----------------|
| 8a193 | W0181 | 3086 | | Frederick | | | Packaged AC | 10 |

| CHECK POINT | CHECKPOINT DESCRIPTION | TO BE PERFORMED AT EACH INSPECTION SERVICE | | TASK COMPLETE YES | TASK COMPLETE NO | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) | |
|-------------|---|--|--|----------------------|---------------------|---|--|
| | | | | | | | |
| 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 | X02X7A1 | | | | | | |
| 1 | X02X81 | | | | | | |
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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 #: B93

MECHANIC
SIGNATURE

DATE: 8-15-19

LOCATION/RM #: W

START TIME: _____ FINISH TIME: _____

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|-------|---------|-----------|--------------|--------------|----------|-------------------|----------------|
| Pal93 | 10181 | 3087 | Frederick | | | | Packaged HVAC | 11 |

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 #: 10193

LOCATION/RM #: 12

MECHANIC
SIGNATURE: *[Signature]*

DATE: 5-15-19

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|-------|---------|------|--------------|--------------|----------|-------------------|----------------|
| 8193 | 10181 | 3088 | | | | | Packaged AC | 12 |

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 #: Bo 193

LOCATION/RM #: 13

MECHANIC
SIGNATURE: 

DATE: 5-15-10

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|-------|---------|------|--------------|--------------|----------|-------------------|----------------|
| PA193 | 10181 | 3089 | | Frederick | | | Packaged AC | 13 |

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 193

LOCATION/RM #: 14

RE AND BLDG #: Pa 143

MECHANIC
SIGNATURE: 

START TIME: 1:10

FINISH TIME: 1:15

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|-------|---------|------|--------------|--------------|----------|-------------------|----------------|
| PA193 | 10181 | 3090 | | | | | Packaged AC | 14 |

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 193

MECHANIC SIGNATURE:  **DATE:** 8-15-19

LOCATION/RM #: 15

START TIME: 11:15 **FINISH TIME:** 1:20

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|-------|---------|------|--------------|--------------|----------|-------------------|----------------|
| Pa193 | 10181 | 2091 | | Frederick | | | Brageon AC | 15 |

| 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 Initiated | ✓ | | 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 | 14x20 X1 | | | |
| 1 | 18x20 X1 | | | |
| | | | | |
| | | | | |
| | | | | |

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 #: Ra103

LOCATION/RM #: 16

MECHANIC SIGNATURE:  **DATE:** 8-15-19

START TIME: _____

FINISH TIME: _____

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|-------------------------------|---|---------|------|--------------|--------------|----------|---|----------------|
| Ra103 | 10181 | 3093 | | Frederick | | | Packaged AC | 16 |
| CHECKPOINT DESCRIPTION | | | | | | | | |
| | | | | | | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO. PROVIDE EXPLANATION) | |
| 1 | Check, clean, and/or replace both internal and external filters as necessary. | | | ✓ | | | | |
| 2 | Label and Date Filter | | | ✓ | | | | |
| 3 | Did YELLOW Maintenance Tag get Initiated | | | ✓ | | | Make sure YELLOW Maint Tag is initialed on Asset | |
| 3 | Did all High Asset Filters get Changed | | | | | | | |
| Qty | | | | | | | | |
| | | | | | | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO. PROVIDE EXPLANATION) | |
| 1 | 14X20X1 | | | | | | | |
| 1 | 16X20X1 | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 BUILDING #:

LOCATION/RM #:

LOCATION/RM #: Electrical
START TIME: 4:30

MECHANIC SIGNATURE: Pa 193 DATE: 8-15-94

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|-------|---------|------|--------------|--------------|----------|-------------------|----------------|
| | | | | | | | | |
| Palms | 10181 | 3019 | | | | | Portable AC | Electrical |

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 #: BG 193

MECHANIC
SIGNATURE

DATE: 8-15-10

LOCATION/RM #: 1

START TIME: 7:

ENGLISH TIME: 12.50.

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|-------|---------|------|--------------|--------------|----------|--------------------------|----------------|
| PA193 | 10181 | 3076 | | Frederick | | | Refrigerated packaged AC | 1 |

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: