

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 9/29/22

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 3. _____ |
| 2. _____                | 4. _____ |

**Work Performed:**

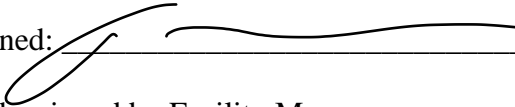
**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S , 18812 , 18813 , 18868-18870 , 18935 ,
2. 19111-19114 , 19155 , 19162 , 19171 , 18936 , 19001 ,
3. 19172
4. ASSET#'S , 9218 , 9219 , 9209-9211 , 9216 , 9265 ,
5. 190917-, 131 , 133 , 134 , 104-118 , 138-140 , IL-, 12 , 13

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

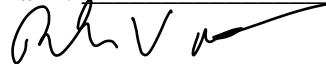
Print Name: Patrick Brown Date: 9/29/22

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: Ron Vogt AF-2 Date: 9/29/22

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

**SITE AND BLDG #:** NY013 BLDG1

**MECHANIC  
SIGNATURE**

**DATE:** 9/29/22

LOCATION/RM #: BLDG1 WO# 18868,18869,18870

**START TIME:** 9am

**FINISH TIME:** 9:30am

| CHECK POINT                                       | CHECKPOINT DESCRIPTION  | TASK COMPLETE                       |                                     | NOTES/ ACTIONS<br><small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small> |
|---|---|-------------------------------------|-------------------------------------|--|
|   |   | YES                                 | NO                                  |  |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |   |                                     |                                     |  |
| 1   | Check, clean, and/or replace filters as required.               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| 2   | Initial and Date Filter (if disposable)                         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| 3   | Initial and Date Yellow Maintenance Tag (if applicable)         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| ASSET #   | SIZE  | QTY                                 |                                     | NOTES/ ACTIONS   |
|   | Record Size :   |                                     |                                     |  |
| 9209  | 20x25x2 - 16x25x2   | 2-4                                 |                                     |  |
| 9210  | 16x25x2 - 20x25x2   | 2-1                                 |                                     |  |
| 9211  | 16x20x2   | 4                                   |                                     |  |
|   |   |                                     |                                     |  |
|   |   |                                     |                                     |  |
|   |   |                                     |                                     |  |
|   |   |                                     |                                     |  |
|   |   |                                     |                                     |  |
|   |   |                                     |                                     |  |
|   |   |                                     |                                     |  |
|   |   |                                     |                                     |  |
|   |   |                                     |                                     |  |
|   |   |                                     |                                     |  |
|   |   |                                     |                                     |  |
|   | NOTE : Any AHU with outside air -Filter gets replaced Quarterly |                                     |                                     |  |
|   | All other filters get replaced annually But inspected Quarterly |                                     |                                     |  |
|   |   |                                     |                                     |  |

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: General Maintenance Technician

**Additional Notes:**