

**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. Patrick Brown 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

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 Vogn Date: 9/29/22

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: NY013 BLDG1

LOCATION/RM #: B1 DG1 wo# 18868,18869,18870

MECHANIC SIGNATURE.

DATE: 9/29/22

START TIME: 9am

FINISH TIME: 9:30am

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: