

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 9/20/22

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 , 18767-18770 , 18834 , 18835 , 18902 , 18903 ,
2. 18955 , 19017-19019 , 19149 , 19158 , 19180 , 18836 , 18837 ,
3. 18956 , 18988 , 19020 , 19021
4. ASSET#'S , 10051-10053 , 10064 , 10035 , 10036 , 10066 ,
5. 10069 , 10046 , 10073 , 10077 10080 , 10073 , 10077 ,
190917-, 276 , 291 , 294 , 299 , 278 , IL-, 36 , 37

CERTIFICATION OF WORK

To be signed by the Contractor:

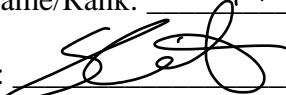
Print Name: Patrick Brown Date: 9/20/22

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: SGT Tanner, Shane Date: 24 Sept 22

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
FILTER REPLACEMENT

SITE AND BLDG #: **NY051 BLDG1**

mechanical room
 LOCATION/RM #: **WO# 18834,18835**
 mezzanine

MECHANIC
SIGNATURE: DATE: **9/20/22**START TIME: **8am**FINISH TIME: **8:30am**

CHECKPOINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check, clean, and/or replace filters as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Initial and Date Filter (if disposable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Initial and Date Yellow Maintenance Tag (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ASSET #	SIZE	QTY	NOTES/ ACTIONS	
	Record Size :			
10035	24x24x2	4		
	20x24x2	12		
10036	20x12x2	2		
	24x12x2	1		
	20x20x2	2		
	24x20x2	1		
	16x20x2	4		
	16x25x2	2		
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: