

PREVENTIVE MAINTENANCE CERTIFICATION OF WORK

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

FacID Building: *Gaithersburg MD013* Date of Visit: *3/6/19*

Contractor Personnel on Site:

1. *Patrick Donovan* 4.
2. 5.
3. 6.

Work Performed:

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

5. First Work: *7624, 7727, 7823, 7628, 7731, 7827*
6. *Grease Trap, Hot Water Pump, Baseboard radiators, Unit Heaters, Mini Splits, Condensing units, overhead Vehicle Exhaust systems,*
8.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: *Patrick Donovan*
Signed: *[Signature]*

Date: *3/6/19*

To be signed by Facility Manager or Government Official

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name Rank: *TARA ST LAURENT*
Signed: *[Signature]*

Date: *3/6/19*

E-Mail: *TARA.F.STLAURENT.CN@mail.mil*

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
FILTER REPLACEMENT

SITE AND BLDG #:	MECHANIC SIGNATURE:	DATE:
LOCATION/RM #:	START TIME:	FINISH TIME:

Task	Completed	Notes
1 Check, clean, and/or replace both internal and external filters as necessary.		
2 Label and Date Filter		
3 Did YELL.OW Maintenance Tag get Initiated		
4 Did all High Asset Filters get Changed		
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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: