

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY010 Date of Visit: 5/3/23

Contractor Personnel on Site:

- | | |
|----------------------|----------|
| 1. <u>Bill Davis</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

1. _____
2. _____
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bill Davis Date: 5/3/23

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: sfc Gipson Date: 5/3/23

Signed: 

E-Mail: christy.r.gipson.mil@army.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
FIRE EXTINGUISHERS - MONTHLY INSPECTION

SITE AND BLDG #: NY010 Bld 1

MECHANIC SIGNATURE: Bill Davis

DATE: 5/2/23

LOCATION/RM #: **WO#** 12587 **ASSET #** G001

START TIME:

FINISH TIME:

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Each extinguisher shall have an inspection tag securely attached that indicates the month and year the inspection was performed and the initials of the person performing the inspection shall be recorded.	•		
TO BE PERFORMED AT EACH INSPECTION SERVICE (MONTHLY)				
1	A visual inspection is a quick check to see that the fire extinguisher is in its proper location, that it is not blocked, is fully charged, and that it appears to be in good working order.	•		
2	Check that extinguisher is in designated place	•		
3	Check for no obstruction to access or visibility.	•		
4	Check that pressure gauge reading or indicator is in the operable range or position.	•		
5	Update tag indicating that inspection has been preformed. Include the date and your initials.	•		

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 discription of the deficiency.

To be perfomed by: General Maintenance Worker

Additional Notes: