

CERTIFICATION OF WORK

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

FACID/Building: Upper Marlboro Date of Visit: 5/21/19
MD016

Contractor Personnel on Site:

1. Patrick Donovan 2. _____

Work Performed:

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

1. 8466, 8517, 8548, 8466, 8518, Flood lights, Water Heater, Sump pump, AHU (Filters + PMs) Dehumidifier, freezer.

Service Calls – Service Call Number and Description

1. CSS# _____
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 5/21/19

Signed: Patricia

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: Parker Richard Date: 28/05/21

Signed: Parker Richard

E-Mail: Parker.C.Parker8.CMC@md.gov

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: 1000 Yorktowne MD 016

MECHANIC
SIGNATURE

DATE: 5/21/9

LOCATION/RM #: Medicinal BLDG #: 2040
CITY: 83rd

START TIME: 10:25

FINISH TIME:

Task	Completed	Notes
1 Check, clean, and/or replace both internal and external filters as necessary.	<input checked="" type="checkbox"/>	
2 Label and Date Filter	<input checked="" type="checkbox"/>	
3 Initial Yellow Maintenance Tag get if applicable	<input checked="" type="checkbox"/>	
4	<input checked="" type="checkbox"/>	
5	<input checked="" type="checkbox"/>	
6	<input checked="" type="checkbox"/>	
7	<input checked="" type="checkbox"/>	
8	<input checked="" type="checkbox"/>	
9	<input checked="" type="checkbox"/>	
10	<input checked="" type="checkbox"/>	
11	<input checked="" type="checkbox"/>	
12 20X25X3	<input checked="" type="checkbox"/>	

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:**

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

MECHANIC

SITE AND BLDG #: Upper Middle 14 Park

LOCATION/RM #: Bill Hall

START TIME: 8:30

FINISH TIME: 9:10

Task	Description	Completed
1	Check, clean, and/or replace both internal and external filters as necessary.	<input checked="" type="checkbox"/>
2	Label and Date Filter	<input checked="" type="checkbox"/>
3	Initial Yellow Maintenance Tag get if applicable	<input checked="" type="checkbox"/>
4	20x25x2 Asst# 2031	<input checked="" type="checkbox"/>
4	16x25x2 Asst# 2032	<input checked="" type="checkbox"/>
2	20x25x2 Asst# 2023	<input checked="" type="checkbox"/>

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per P.M 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:**