

CERTIFICATION OF WORK

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

FACID/Building: Rockville MD021 Date of Visit: 8/12/19

Contractor Personnel on Site:

1. Patrick Donovan

2. _____

Work Performed:

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

1. 10090, 10089, 9648 Hot water heaters, Filters, Ice maker, Refrigerators.

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: 8/12/19

Signed: Patrick Donovan

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: MSG Cintron, Jennifer Date: 12AUG19

Signed: Jennifer M. Cintron
E-Mail: Jennifer.m.cintron.M1@na.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #:

MECHANICAL SIGNATURE

DATE: 8/13/19

LOCATION/RM #: See Notes WO# 9648

START TIME: 11:45

FINISH TIME: 1:00

1	Check, clean, and/or replace filters as required.	✓		
2	Initial and Date Filter (if disposable)	✓		
3	Initial and Date Yellow Maintenance Tag (if applicable)			
2098	16x20x2			
2099	16x20x2	3		
2101	16x25x2 + 1) 16x20x2		1+1	
2108	2) 16x20x4 + 4) 20x25x2		2+4	

Note: The technician shall perform any repairs identified during a 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