

## CERTIFICATION OF WORK

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

FACID/Building: White Plains MD 066 Date of Visit: 11/26/19

Contractor Personnel on Site:

1. Patrick Donovan 2. \_\_\_\_\_

### Work Performed:

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

1. 11188, 11195, 11196, 11199, 11213 / Filters on All, lights, Gutters, PM's, Water Heaters, Refrigerator's, Heat pumps

**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: 11/26/19

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: SFC WILLIAMS .D Date: 26 Nov 19

Signed: D. J. Williams

E-Mail: david.conwilliams2.mil@mail.mil

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**FILTER REPLACEMENT**

**SITE AND BLDG #:** White Plains MDCB  
**LOCATION/RM #:** Mecklenburg Room **WO#** 111846

**MECHANIC SIGNATURE:** E. Baker **DATE:** 11/28/19

**START TIME:** 8:00 **FINISH TIME:** 10:30

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)	
		YES	NO		
ASSET #	SIZE	QTY		NOTES/ACTIONS	
		QTY			
		QTY			
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"/>		
17b	Record Size: <u>20x25x2</u>	<u>6</u>	<u>0</u>	<u>Baker Room</u>	
18b	<del>16x27x2</del> Cleaned Filter	<u>16</u>	<u>0</u>	<del>16x27x2</del> <u>Outside Baker Room</u>	
287	<del>16x Access 18x27x2</del>	<u>3</u>	<u>0</u>	<del>16x Access 18x27x2</del> <u>16x Blag #1</u>	
288	<u>16x24x2</u>	<u>1</u>	<u>0</u>	<u>0 M/S</u>	
325	<del>16x20x2</del> <u>30x1</u>	<u>2</u>	<u>0</u>	<del>16x20x2</del> <u>30x1</u>	
10-16b 321	<del>16x18x1</del> <u>Clean Filter</u>	<u>65</u>	<u>1</u>	<del>16x18x1</del> <u>All changed</u>	
NOTE: Any AHU with outside air filter gets replaced Quarterly					
All other filters get replaced annually But inspected Quarterly					
205	<u>Clean Filter</u>	<u>1</u>	<u>0</u>		

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: