

CERTIFICATION OF WORK

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

FacID/Building: *White Plains* MD066 Date of Visit: *2/24/20*

Contractor Personnel on Site:

1. *Patrick Donovan* 2.

Work Performed:

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

1. *11686, 11694, 11695, 11698, 11711, 11712*

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: *2/24/20*
Signed: *F. S. B. S.*

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: *Martine Edgar CPT* Date: *24 Feb 20*
Signed: *Martine Edgar*

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
FILTER REPLACEMENT

SITE AND BLDG #:

Rockville MD Office

LOCATION/RM #:

*All Offices WO# 116186*MECHANIC
SIGNATURE: *Patricia*DATE: *3/14/20*

START TIME:

FINISH TIME:

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
ASSET #	SIZE	QTY	NOTES/ ACTIONS	
101-166	Record Size : 18x18x1	✓		
176	20x20x2	✓		
186	20x20x4	✓		
286	20x20x2	✓		
287	Cut to fit	✓		
321	16x20x1			
325	③ 20x20x2, 16x20x2 ③	✓		
NOTE : Any AHU with outside air -Filter gets replaced Quarterly				
All other filters get replaced annually But inspected Quarterly				

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: