

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

FACID/Building: Alexandria Date of Visit: 5/29/19
VA002

Contractor Personnel on Site:

1. Patrick Donovan 2. _____

Work Performed:

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

1. 8494, 8524, 8555, 8469, 8495

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: 5/29/19

Signed: Patrick

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: Archie Mays Date: 2019 0529

Signed: Archie

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: Alexandria - VAD02

MECHANIC
SIGNATURE

..

DATE: 5/29/99

LOCATION/RM #: 101 WO# 8555

START TIME: 62:30

FINISH TIME: 1:30

1	Check, clean, and/or replace filters as required.	<input checked="" type="checkbox"/>	clean, replaced
2	Initial and Date Filter (if disposable)	<input checked="" type="checkbox"/>	place
3	Initial and Date Yellow Maintenance Tag (if applicable)	<input checked="" type="checkbox"/>	date
2185	2) 16x25x2, 2) 16x20x2	4 Total	
2186	2) 16x25x2, 2) 16x20x2	4 Total	

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: