

CERTIFICATION OF WORK

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

FACID/Building: VA 002 Alexandria Date of Visit: 10/17/19

Contractor Personnel on Site:

1. Patrick Donovan 2. _____

Work Performed:

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

1. 9651, 10093, 9668 Airhandler filters, Water Heater, Photocells, lights @ Bldg 2

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: 8/19/19

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: Alv H. Helm Jr. - 2 Date: 16 Aug 2019

Signed: Alv H. Helm Jr. - 2

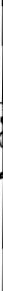
E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: Alexandria 11002

LOCATION/RM #: Brill WO# 9651

MECHANIC
SIGNATURE: 
DATE: 8/19/19

Task	Description	Completed
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)	
2185	16X25X2 (2) 16X20X2 (2)	✓
2186	16X25X2 (2) 16X20X2 (2)	✓

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: