

CERTIFICATION OF WORK

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

FACID/Building: Alexandria Date of Visit: 6/27/19
VA002

Contractor Personnel on Site:

1. Patrick Donovan 2. _____

Work Performed:

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

1. 8863, 8898, 8946, 8899, 8917, 8940
D-tacs filters, Mini SPLIT filters, Pumps, Exhaust fans, and Heaters, AirCurtain,
Service Calls – Service Call Number and Description Pkng. lot lights.

1. CSS# _____
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 6/27/19

Signed: Pat

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: Selina A. Dibella / SGT Date: 20190627

Signed: Selina

E-Mail: selina.a.dibella.mil@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: Albuquerque 114002

MECHANIC
SIGNATURE:

DATE: 6/26/15

LOCATION/RM #: 1Kingsport WO# 8863
3 Blk 4

START TIME

FINISH TIME: 2:30

Note: The technician shall perform any repairs identified during PM1 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: