

## CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Contractor Personnel on Site:

|          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**Work Performed:**

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: 

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: 

E-Mail: \_\_\_\_\_

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**PTAC**

SITE AND BLDG #: VA006-012246MECHANIC  
SIGNATURE:DATE: 03-17-22

LOCATION/RM #:

WO# 16692

ASSET #

START TIME: 0900FINISH TIME: 1630

| CHECK POINT                                       | CHECKPOINT DESCRIPTION   | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|--|---------------|----|---|
|   |  | YES           | NO |   |
| <b>SPECIAL INSTRUCTIONS</b>                       |  |               |    |   |
| 1   | Schedule shutdown with operating personnel, as needed.   | ✓             |    |   |
| 2   | As needed, de-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. Follow lock out/tag out procedures at all times. | ✓             |    |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |  |               |    |   |
| 1   | Clean the filter with a vacuum or running water. Inspecet filter quarterly, replace/clean as needed  | ✓             |    |   |
| 2   | Remove the front grille and clean it with a dampened cloth.  | ✓             |    |   |
| 3   | Inspect the control panel door and plug. Repair deficiencies.  | ✓             |    |   |
| 4   | Check the caulking around the PTAC wall sleeve to make sure all air and water openings are properly sealed.  | ✓             |    |   |
| 5   | Check that condensate drains properly. Remove any debris/blockages.  | ✓             |    |   |
| 6   | Clean condenser coils with proper coil cleaner.  | ✓             |    |   |
| 7   | Place drain pan cleaner tablet in the basepan to inhibit bacteria growth.  | ✓             |    |   |
| 8   | Check clearance around the HVAC unit to ensure that the intake air and discharge air paths are not blocked or restricted   | ✓             |    |   |
| 9   | Clean up work area.  | ✓             |    |   |

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 discription of the deficiency.

To be perfomed by: General Maintenance Worker

**Additional Notes:**