

**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/Blank: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

**SITE AND BLDG #:** VA049-02

MECHANIC  
SIGNATURE: Ant. M. R. A. DATE: 03-16-22

LOCATION/RM #: WO# 16616

START TIME: 0900 FINISH TIME: 1630

| CHECK POINT                                | CHECKPOINT DESCRIPTION                                          | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--------------------------------------------|-----------------------------------------------------------------|---------------|----|-------------------------------------------------------------------------|
|                                            |                                                                 | YES           | NO |                                                                         |
| TO BE PERFORMED AT EACH INSPECTION SERVICE |                                                                 |               |    |                                                                         |
| 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)         | ✓             |    |                                                                         |
| ASSET #                                    | SIZE                                                            | QTY           |    | NOTES/ ACTIONS                                                          |
|                                            | Record Size :                                                   |               |    |                                                                         |
| 2332                                       |                                                                 |               |    |                                                                         |
| 2333                                       |                                                                 |               |    |                                                                         |
| 3Y279                                      |                                                                 |               |    |                                                                         |
| 3Y280                                      |                                                                 |               |    |                                                                         |
|                                            |                                                                 |               |    |                                                                         |
|                                            |                                                                 |               |    |                                                                         |
|                                            |                                                                 |               |    |                                                                         |
|                                            |                                                                 |               |    |                                                                         |
|                                            |                                                                 |               |    |                                                                         |
|                                            |                                                                 |               |    |                                                                         |
|                                            |                                                                 |               |    |                                                                         |
|                                            |                                                                 |               |    |                                                                         |
|                                            |                                                                 |               |    |                                                                         |
|                                            |                                                                 |               |    |                                                                         |
|                                            |                                                                 |               |    |                                                                         |
|                                            | 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:**