

**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:

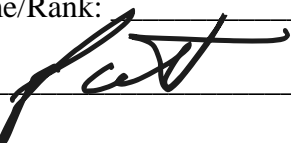
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

### DUCTLESS MINI SPLIT

SITE AND BLDG #: VA099-01      2371,2372,2373      MECHANIC SIGNATURE:       DATE: 03-11-22  
2374,2375,2376  
 LOCATION/RM #: \_\_\_\_\_ WO# 16698 ASSET # \_\_\_\_\_ 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 |   |
| SPECIAL INSTRUCTIONS                       |  |               |    |   |
| 1  | 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. | ✓             |    |   |
| TO BE PERFORMED AT EACH INSPECTION SERVICE |  |               |    |   |
| 1  | Check fan blades for dust buildup and clean if necessary.  | ✓             |    |   |
| 2  | Check all electrical connections   | ✓             |    |   |
| 3  | Check that the fan runs properly in all speeds as applicable.  | ✓             |    |   |
| 4  | Check dampers and rotating auto diffusers for dirt accumulations, clean as necessary.  | ✓             |    |   |
| 5  | Check filter door for proper gasketing and air leaks. Correct as needed.   | ✓             |    |   |
| 6  | Change or Clean filter as needed. Filters get checked quarterly.   | ✓             |    |   |
| 7  | Ensure condense pump is working properly and that the drain lines are clear.   | ✓             |    |   |
| 8  | 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 performed by: General Maintenance Worker

**Additional Notes:**