

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 6/14/22

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 3. _____ |
| 2. _____                | 4. _____ |

**Work Performed:**

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

1. WO#'s , 17228-17231 , 17289 , 17290 , 17357 , 17358 , 17408 ,
  2. 17409 , 17569 , 17596 , 17232 , 17291 , 17292 , 17379 , 17410 ,
  3. 17411 , 17597 ,
  4. ASSET#'S , 10038-10041 , 10035 , 10036 , 10066 , 10069 ,
  5. 10042 , 10065 , 10074 , 10073 , 10077 , 10080 , 10075 , 10076 ,
  6. 190917- , 294 , 299 , 292 , 293 , 297 , 298 , 300 , 303-306
- 

**CERTIFICATION OF WORK**

To be signed by the Contractor:

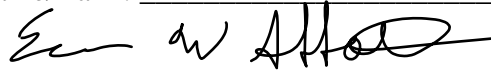
Print Name: Patrick Brown Date: 6/14/22

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: SFC ABBOTT Date: 6/14/22

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### FILTER REPLACEMENT

SITE AND BLDG #: NY051 BLDG1

LOCATION/RM #: mechanical room  
mezzanine

WO# 17289,17290

MECHANIC  
SIGNATURE: 

DATE: 6/14/22

START TIME: 8am

FINISH TIME: 8:30am

CHECKPOINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Check, clean, and/or replace filters as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Initial and Date Filter (if disposable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Initial and Date Yellow Maintenance Tag (if applicable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
ASSET #	SIZE	QTY		NOTES/ ACTIONS
	Record Size :			
10035	24x24x2	4		
	20x24x2	12		
10036	20x12x2	2		
	24x12x2	1		
	20x20x2	2		
	24x20x2	1		
	16x20x2	4		
	16x25x2	2		
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:**