

**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

### FILTER REPLACEMENT

SITE AND BLDG #: **PA027-01**MECHANIC SIGNATURE: DATE: **8-21-19**LOCATION/RM #: **WO# 10224**START TIME: **5:30 AM**FINISH TIME: **1:30 PM**

| CHECK POINT                                | CHECKPOINT DESCRIPTION                                      | TASK COMPLETE                       |                          | NOTES/ ACTIONS<br><small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small> |
|--|---|-------------------------------------|--------------------------|--|
|  |   | YES                                 | NO                       |  |
| TO BE PERFORMED AT EACH INSPECTION SERVICE |   |                                     |                          |  |
| 1  | Check, clean, and/or replace filters as required.           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| 2  | Initial and Date Filter (if disposable)                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| 3  | Initial and Date Yellow Maintenance Tag (if applicable)     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| ASSET #                                    | SIZE  | QTY                                 |                          | NOTES/ ACTIONS   |
| 3152                                       | 16 X 25 X 2   | 6                                   |                          |  |
| 3153                                       | 16 X 25 X 2   | 2                                   |                          |  |
| 3154                                       | 20 X 26 X 2   | 4                                   |                          |  |
| 4663                                       | THESE ARE WASHABLE, CUT OUT OF A ROLL OF 1/4" FILTER MEDIA. | 8 Pieces                            |                          |  |
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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:**
