

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: _____ Date of Visit: 9/18/19

Contractor Personnel on Site:

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

Work Performed:

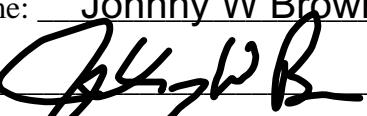
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

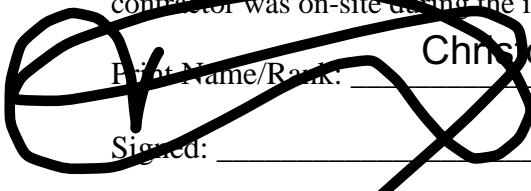
Print Name: Johnny W Brown Date: 9/18/19

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: Christopher Huebler Date: 9/18/19

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
FILTER REPLACEMENT

SITE AND BLDG #: MD005-01MECHANIC
SIGNATUREDATE: 9/18/19LOCATION/RM #: WO# 10256START TIME: 0900FINISH TIME: 1630

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (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 | |
| 1935 | 15x20x1 | 2 | | |
| 1936 | | 2 | | |
| 19373 | | 2 | | |
| 1938 | | 2 | | |
| 1940 | | 2 | | |
| 1941 | | 2 | | |
| 1942 | | 2 | | |
| 1943 | | 2 | | |
| 1944 | | 2 | | |
| 1945 | | 2 | | |
| 1946 | | 2 | | |
| 1947 | | 2 | | |
| 1948 | | 2 | | |
| 1949 | | 2 | | |
| 1950 | | 2 | | |
| 1952 | | 2 | | |
| 1953 | | 2 | | |

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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
FILTER REPLACEMENT

SITE AND BLDG #: **MD005-01**MECHANIC
SIGNATURE:DATE: **9/18/19**LOCATION/RM #: **WO# 10256**START TIME: **0900**FINISH TIME: **1630**

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (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. | X | / | |
| 2 | Initial and Date Filter (if disposable) | X | / | |
| 3 | Initial and Date Yellow Maintenance Tag (if applicable) | X | / | |
| ASSET # | SIZE | QTY | NOTES/ ACTIONS | |
| 1954 | 15x20x1 for all of these filters | 2 | | |
| 1955 | | 2 | | |
| 1956 | | 2 | | |
| 1957 | | 2 | | |
| 1958 | | 2 | | |
| 1959 | | 2 | | |
| 1960 | | 2 | | |
| 1961 | | 2 | | |
| 1962 | | 2 | | |
| 1963 | | 2 | | |
| 1964 | | 2 | | |
| 1965 | | 2 | | |
| 1966 | | 2 | | |
| 1967 | | 2 | | |
| 1968 | | 2 | | |
| 1969 | | 2 | | |
| | | 2 | | |

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To be performed by: General Maintenance Technician

Additional Notes: