

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: _____ Date of Visit: 9/12/19

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: 9/12/19

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: SSG RICHARD GAYTAN Date: 9/12/19

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: MD024-01

MECHANIC
SIGNATURE: 

DATE: 9/12/19

LOCATION/RM #: WO# 10263

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.	☒	☒	
2	Initial and Date Filter (if disposable)	☒	☒	
3	Initial and Date Yellow Maintenance Tag (if applicable)	☒	☒	
ASSET #	SIZE	QTY		NOTES/ ACTIONS
2157	Washable filters	2		
2158	Washable filters	2		
2159	Washable filters	2		
2160	Washable filters	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: