

*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 time line:

CERTIFICATION OF WORK

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

Building: VA099-02 _____ Date of Visit: 11-14-19

Contractor Personnel on Site:

1. BILL DAVIS 2. _____

Work Performed:

Preventive Maintenance - (Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders -

PM/SO	WO #	Asset #	PM #	Asset Description
	10273	2391		J-1502000-15 1-pc Mini Split
	10289	1466		J-1502000-45 14-pc Single Light, Pole Mounted
	10289	1467		J-1502000-45 6-pc Double Light, Pole Mounted
	10312	1617		J-1502000-57 3-pc Vehicle Exhaust System
	10542	2386		J-1502000-08 1-pc Unit Heater, Electric
	10542	2387		J-1502000-08 3-pc Unit Heater, Electric
	10542	2388		J-1502000-08 3-pc Unit Heater, Tube, Gas, Infrared
	10542	2389		J-1502000-08 1-pc Unit Heater, Electric
	10542	2390		J-1502000-08 2-pc Unit Heater, Electric
	10583	2391		J-1502000-15 1-pc Mini Split

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: BILL DAVIS Date: 11-14-19

Signed: [Signature]

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 time line:

Print Name/Rank: Nesmith, Petra SSG Date: 2019/2/10

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **FILTER REPLACEMENT**

SITE AND BLDG #: VA099-02

MECHANIC SIGNATURE:  **DATE:** 11-14-19

LOCATION/RM #: **WO#** 10273

START TIME: 9AM **FINISH TIME:** 4PM

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.	<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
2391	WASHABLE			

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: