

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 12/8/20

Contractor Personnel on Site:

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

**Work Performed:**

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

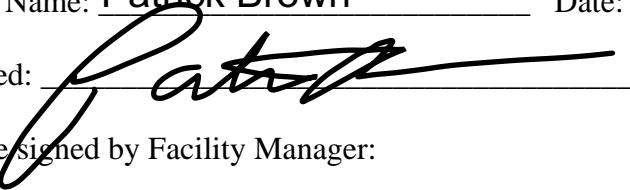
1. WO's 10720PFQ,10799-10800PMFQT, 10831-10832PMMO
2. 11032-11037PMSA, 11042PMM
3. 11049PMQ, 11063PMS, 10866PMQT, 11038PMSA, 11064-11065PMS
4. FILTERS, LIGHTING, HEATERS,GATES, SUMP PUMP, WALL PACKS,
5. EXHAUST SYSTEM

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12/8/20

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: SGT STORMS Date: 12/8/20

Signed: 

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

## **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**

### **FILTER REPLACEMENT**

**SITE AND BLDG #: NY039-01**

WO# 10720

**LOCATION/RM #:**

10799

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10800

## MECHANIC SIGNATURE

DATE: 12/8/20

~~START TIME:~~ 7am

FINISH TIME: 7:30am

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:**