

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE002 Date of Visit: 11/25/19

Contractor Personnel on Site:

- | | |
|----------------------|----------|
| 1. <u>John Brown</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:


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

1. WO'S 11105FQ, 11127MO, 11140QT, 11163SA, 11190F 11215
2. FILTERS, OUTSIDE LIGHTING, KITCHEN EQUIP, WATER HEATERS
3. DEHUMIDIFIER, AIR HANDLER, CONDENSING UNIT
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 11/21/19

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 Gustavo Bonilla Date: 11/25/19

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: **DE002-01**MECHANIC
SIGNATURE

DATE: **11/25/19**LOCATION/RM #: **WO# 11105 11215**
11190START TIME: **0900**FINISH TIME: **1630**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS <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 checked="" type="checkbox"/>	
2	Initial and Date Filter (if disposable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Initial and Date Yellow Maintenance Tag (if applicable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
ASSET #	SIZE	QTY		NOTES/ ACTIONS
	Record Size :			
1707	20x22x1	1		
1708	20x20x1 20x14x1	2		
190918-126	Could not identify			

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: