CERTIFICATION OF WORK
**PREVENTIVE MAINTENANCE**

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

FACID/Building: MD002 Date of Visit: 11/21/19

Contractor Personnel on Site:

1. John Brown
2. _____
3. _____
4. _____

**Work Performed:**

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

1. WO'S 11108FQ,11130MO,11143QT,11166SA,11202Q,11217PMS,11167SA
2. 11144QT,11109FQ,11145QT,11168SA,11110FQ,11169SA,11187PMF,11212PMS
3. FILTERS,OUTSIDE LIGHTING, KITCHEN EQUIP, WATER HEATERS, EXP TANK
4. AIR HANDLERS,CONDENSING UNITS, CHILLER, DEHUMIDIFIERS,
5. VFD'S, FURNACE, SUMP PUMP,VRF UNITS,AHU UNITS

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: John 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: SFC Jason Lamontagne Date: 11/21/19

Signed: _____

E-Mail: _____

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

## FILTER REPLACEMENT

**SITE AND BLDG #:** MD002-07

**MECHANIC SIGNATURE:**  **DATE:** 11/21/19

**LOCATION/RM #:**

**WO#** 11187

**START TIME:** 0900 **FINISH TIME:** 1630

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE YES | TASK COMPLETE NO | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---|---|---|
| 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 |
|---|---|---|---|
| | Record Size : | | |
| AHU | | | |
| MD02-120 | 20x24x2 | 4 | |
| MD02-121 | 20x25x2 | 3 | |
| | | | |
| VRF'S | WASHABLE FILTERS | | |
| MD02-138 | | | |
| TO | checked | | |
| MD02-211 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | **NOTE : Any AHU with outside air -Filter gets replaced Quarterly** | | |
| | **All other filters get replaced annually But inspected Quarterly** | | |
| | | | |

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:**