

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE001 Date of Visit: 11/7/19

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 11126MO,11138QT,11162SA,11189F,11200Q,11139QT, 11214PMS
2. OUTSIDE LIGHTING, REFRIGERATOR, WATER HEATERS, TIME CLOCK,
3. DEHUMIDIFIER, FILTER, AIR HANDLER,
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

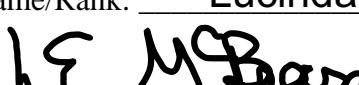
Print Name: Johnny W Brown Date: 11/7/19

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: Lucinda Mcbroom Date: 11/7/19

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: DE001-01

MECHANIC SIGNATURE

DATE: 11/7/19

LOCATION/RM #: **WO# 11189**

START TIME: 0900 FINISH TIME: 1630

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: