

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD019 Date of Visit: 11/22/19

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 11114FQ, 11131MO, 11148QT, 11173SA, 11192PMF, 11205Q, 1
 2. 11115FQ, 11149QT,
 3. FILTERS, GATE, KITCHEN EQUIP, WATER HEATERS, AIR HANDLER, CHILLER
 4. HUMIDIFIER, FURNACE, SUMPPUMP, TIME CLOCK, VFD
 5. _____
-

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Brown Date: 11/22/19

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: 1st Sargent Nathan Maze Date: 11/22/19

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: **MD019-01**

MECHANIC SIGNATURE

11/22/19

LOCATION/RM #: roof WO# 11192

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: