

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE007 Date of Visit: 12/17/19

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 11315FQ,11336MO,11361QT,11368SA,11387PMF,11396PMQ,11402PMS
2. 11316FQ,11337MO, 11347QT
3. FILTERS, VEHICLE EXHAUST, CIRCULATING PUMPS, FAN COIL UNITS,
4. EXPANSION TANKS, CHEMICAL POT FEEDER, GATE
5. \_\_\_\_\_

---

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 12/17/19

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: Danielle Barrett Date: 12/17/19

Signed: 

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

## **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**

### **FILTER REPLACEMENT**

SITE AND BLDG #: DE007-02

## MECHANIC SIGNATURE

12/17/19

**LOCATION/RM #:** **WO# 11316**

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:**