

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: VA049 Date of Visit: 12/16/19

Contractor Personnel on Site:

1. <u>BILL DAVIS</u>	3. _____
2. <u>RICHARD WALKER</u>	4. _____

Work Performed:

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

1. WO11329FQ, WO11380SA, WO11330FQ, 11331FQ, WO11359QT
2. FILTERS, MINI-SPLITS, FAN COIL, HEATER, VEHICLE EXHAUST
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

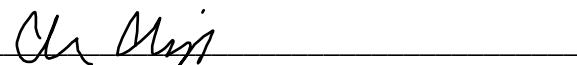
Print Name: Richard Walker Date: 12/16/19

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: Chris chipps Date: 12/16/19

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
FILTER REPLACEMENT

SITE AND BLDG #: **VA049-01**MECHANIC
SIGNATURE: DATE: **12. 16. 19**

LOCATION/RM #:

WO# 11329START TIME: **3 am**FINISH TIME: **5 pm**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
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 :			
2317	19x9x1	3	3FC U'S	
2319		1		
2320		1		
2321	[20x20x2]	1		
2322		1		
2324			washable	
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: