

**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:

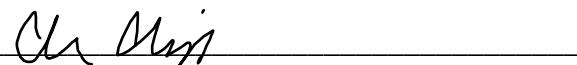
Print Name: Richard Walker Date: 12/16/19

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 chipp Date: 12/16/19

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: VA049-04

**MECHANIC
SIGNATURE:**

DATE: 12.16.19

LOCATION/RM #: **WO# 11331**

START TIME: 8 am

FINISH TIME: 5. P.M.

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: