

## CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: DE007 Date of Visit: 2/6/20

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 11587FQ, 11636MO, 11649QT, 11670SA, 11679PMA, 11689PMF,
2. 11588FQ, 11637MO, 11650QT
3. FILTERS, OUTSIDE LIGHTING, KITCHEN EQUIP, WATER HEATERS,
4. TIME CLOCK LIGHTINGVAV, ERV, MAKE UP AIR UNIT, GATE
5. \_\_\_\_\_

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 2/6/20

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: 2/6/20

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### FILTER REPLACEMENT

**SITE AND BLDG #:** DE007-01

## MECHANIC SIGNATURE:

DATE: 2/6/20

**LOCATION/RM #:** WO# 11587/11689

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:**