

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD019 Date of Visit: 2/5/20

Contractor Personnel on Site:

1. <u>John Brown</u>	3. _____
2. _____	4. _____

Work Performed:

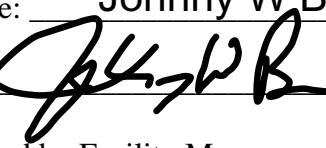
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO'S 11595FQ, 11639MO, 11656QT, 11690PMF, 11596FQ, 11657QT
2. FILTERS, GATE, KITCHEN EQUIP, WATER HEATERS, SUMP PUMP,
3. TIME CLOCK LIGHTING, FURNACE
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

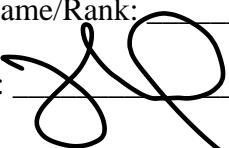
Print Name: Johnny W Brown Date: 2/5/20

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: SFC Josh Suckiel Date: 2/5/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

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

MECHANIC SIGNATURE

ATE: 2/5/20

LOCATION/RM #: WO# 11595/11690 asset # 2046

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: