

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: VA049 Date of Visit: 2/25/20

Contractor Personnel on Site:

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

**Work Performed:**

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

1. WO'S 11603FQ, 11665QT, 11672SA, 11693PMF, 11666QT
2. FILTERS, KITCHEN EQUIP, WATER HEATERS, LIGHTING AIR FILTER CEILING
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Richard Walker Date: 2/25/20

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: ANDERSON, MARK GS-11 Date: 2/25/20

Signed: 

E-Mail: mark.s.anderson7.mil@mail.mil

## **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**

### **FILTER REPLACEMENT**

**SITE AND BLDG #:** VA049-01

**LOCATION/RM #:** *Common Areas* **WO#:** *11603 / 11693* **mech Room**

## MECHANIC SIGNATURE:

DATE: 2.20.2020

START TIME: 8am

FINISH TIME: 5pm

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:**

