

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: VA050 Date of Visit: 2/27/20

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 1604FQ, 11643MO, 11667QT, 11673SA
2. FILTERS, GATE, ICE MAKER, WATER HEATER LIGHTING VAV
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Richard Walker Date: 2/27/20

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: GRENIER.SCOTT.ANTHONY.1007219551  
Digitally signed by GRENIER.SCOTT.ANTHONY.1007219551  
Date: 2020.03.03 15:14:12 -05'00'

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

**SITE AND BLDG #: VA050-01**

**MECHANIC  
SIGNATURE:**

DATE: 2.27.20

LOCATION/RM#: Mech Room WO# 11604

**START TIME:**

**FINISH TIME:** 12 PM

[illegible]

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:**