

**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. RICHARD WALKER 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. \_\_\_\_\_

**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,ANTH  
ONY.1007219551  
Digitally signed by  
GRENIER,SCOTT,ANTHONY.1007219551  
Date: 2020.03.03 15:14:12-05'00'

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

## **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**

### **FILTER REPLACEMENT**

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

LOCATION/RM #: Wela Room WO# 11604

## MECHANIC SIGNATURE:

DATE: 3.27.20

**START TIME:** 8 am

**FINISH TIME:** 12pm

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:**