

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE001 Date of Visit: 2/4/20

Contractor Personnel on Site:

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

Work Performed:

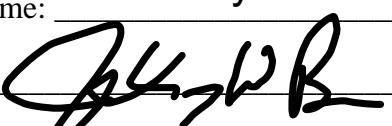
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO'S 11634MO,11646QT, 11687PMF, 11699PMQ, 11647PMQT
 2. OUTSIDE LIGHTING, REFRIGERATOR, WATER HEATERS TIME CLOCK LIGHTING,
 3. AIR HANDLER FILTER,
 4. _____
 5. _____
-

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 2/3/20

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 Jose Mojica Date: 2/3/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: DE001-01

MECHANIC SIGNATURE

DATE: 2/3/20

LOCATION/RM #: WO# 11687

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: