

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE001 Date of Visit: 3/2/20

Contractor Personnel on Site:

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

**Work Performed:**

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

1. WO'S 11802FQ, 11835MO, 11885SA, 11913MF, 11924Q, 11931S, 11803FQ
2. 11886SA, 11914F, 11932S
3. FILTERS, CHEMICAL POT FEEDER, EXPANSION TANKS, MINI SPLITS, WALL PACKS,
4.
5.

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

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

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: 3/2/20

Signed: 

E-Mail:

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

**SITE AND BLDG #:** DE001-02

MECHANIC  
SIGNATURE

**DATE:** 3/2/20

|                |     |       |
|----------------|-----|-------|
| LOCATION/RM #: | WO# | 11803 |
|                |     | 11914 |

**START TIME:** 0900

**FINISH TIME:** 1630

| CHECK POINT                                | CHECKPOINT DESCRIPTION  | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|---|---------------|----|---|
|  |   | YES           | NO |   |
| TO BE PERFORMED AT EACH INSPECTION SERVICE |   |               |    |   |
| 1  | Check, clean, and/or replace filters as required.               |               |    |   |
| 2  | Initial and Date Filter (if disposable)                         |               |    |   |
| 3  | Initial and Date Yellow Maintenance Tag (if applicable)         |               |    |   |
| ASSET #                                    | SIZE  | QTY           |    | NOTES/ ACTIONS  |
|  | Record Size :   |               |    |   |
| 1703                                       | washable filter   | 1             |    |   |
|  |   |               |    |   |
| 190918-118                                 | washable filter   | 1             |    |   |
|  |   |               |    |   |
|  |   |               |    |   |
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|  |   |               |    |   |
|  |   |               |    |   |
|  |   |               |    |   |
|  | NOTE : Any AHU with outside air -Filter gets replaced Quarterly |               |    |   |
|  | All other filters get replaced annually But inspected Quarterly |               |    |   |
|  |   |               |    |   |

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:**