

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 3/8/21 , 3/10/21

Contractor Personnel on Site:

1. Patrick Brown 3. _____
2. _____ 4. _____

Work Performed:

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

1. WO#'S , 11929 - 11932 , 12008 , 12009 , 12067 , 12068
2. - 12071 , 12215 , 12234 , 12036
3. ASSET#'S , 10035 , 10036 , 10066 , 10069 , 10046 ,
4. 190917-294 , 299 , 278 , 10073 , 10077 , 10080 ,
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 3/10/21

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 PATRIC HANLON Date: 3/10/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
FILTER REPLACEMENT

SITE AND BLDG #: **NY051 BLDG1**MECHANIC
SIGNATURE: DATE: **3/8/21**

mechanical room

LOCATION/RM #: **WO# 11929, 11930**START TIME: **8am**FINISH TIME: **8:30am**

CHECKPOINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Initial and Date Filter (if disposable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Initial and Date Yellow Maintenance Tag (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ASSET #	SIZE	QTY	NOTES/ ACTIONS	
	Record Size :			
10035	24x24x2	4		
	20x24x2	12		
10036	20x12x2	2		
	24x12x2	1		
	20x20x2	2		
	24x20x2	1		
	16x20x2	4		
	16x25x2	2		
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: