

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD003 Date of Visit: 3/11/20

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 11809FQ, 11852QT, 11872SA, 11892SA, 11940PMS, 11863PMQ,
2. 11882PMSA, 1189PMSA, 11941PMS
3. FILTERS, GREASE TRAP, CIRCULATING PUPMS, EXPANSION TANK,
4. HEATERS, RTP, MINI SPLIT, DDC CONTROLLER ,BAS CONTROLER, WALL PACK
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 3/11/20

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: Roderick Daniels Date: 3/11/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #: MD003-01MECHANIC
SIGNATURE:DATE: 3/11/20

LOCATION/RM #:

WO# 11941ASSET # 190918-178

START TIME:

0900FINISH TIME: 1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect for structural defects, note needed repairs	/	/	
2	Push test buttons and observe light operation. Note any units that do not operate properly.- Report issues and open a CM ticket	/	/	
3	Clean exterior with dry cloth.	/	/	
4	For Exit lights check for proper arrow direction.	/	/	
5	Make and/or recommend any needed repairs.	/	/	

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 Worker

Additional Notes: