

## CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: MD002 Date of Visit: 8/3/20

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 12480FQ,12502MO,12515QT,12556Q,12516QT,12481FQ,12517QT
2. 12482FQ,12541PMF,12552Q
3. FILTERS, LIGHTING, WATER HEATERS,SUMP PUMP
4. \_\_\_\_\_
5. \_\_\_\_\_

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 8/3/20

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 Jason Lamontagne Date: 8/3/20

Signed: 

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

## **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**

### **FILTER REPLACEMENT**

**SITE AND BLDG #:** **MD002-05**

## MECHANIC SIGNATURE

8/3/20

**LOCATION/RM #:** **WO# 12482**

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:**