

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD003 Date of Visit: 8/5/20

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 12483FQ, 12518QT, 12557PMQ, 12558PMQ
2. FILTERS, WATER HEATER, SUMP PUMP, LIGHTING
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 8/5/20

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: SGT Peter Lawrence Date: 8/5/20

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**FILTER REPLACEMENT**

SITE AND BLDG #: **MD003-01**MECHANIC  
SIGNATURE:DATE: **8/5/20**LOCATION/RM #: **WO# 12483**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             |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |   |               |                |   |
| 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 |   |
| 1863  | 14x24x1, 24x24x1  | 1 & 1         |                |   |
| 1864  |   |               |                |   |
| 1865  |   |               |                |   |
| 1866  |   |               |                |   |
| 1867  |   |               |                |   |
| 1868  |   |               |                |   |
| 1869  |   |               |                |   |
| 1870  |   |               |                |   |
| 1871  |   |               |                |   |
| 1872  |   |               |                |   |
| 1873  |   |               |                |   |
| 1874  |   |               |                |   |
|   |   |               |                |   |
|   |   |               |                |   |
|   |   |               |                |   |
|   |   |               |                |   |
|   |   |               |                |   |
|   |   |               |                |   |

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:**