

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: VA050 Date of Visit: 9.01.2020

Contractor Personnel on Site:

1. <u>RICHARD WALKER</u>	3. _____
2. _____	4. _____

**Work Performed:**

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

1. WO'S 12495FQ, 12507MO, 12531QT
2. FILTERS, GATE, WATER HEATER, LIGHTS
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Richard Walker Date: 9.01.2020

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: CPT T Friend Date: 9.01.2020

Signed: 

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

## **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**

### **FILTER REPLACEMENT**

**SITE AND BLDG #:** **VA050-01**

LOCATION/RM #: Mech  
Room WO# 12495

## MECHANIC SIGNATURE

*Floris Walker* DATE: 9.01.2020

DATE: 9 01.2020

**START TIME:**

Jan

### FINISH TIME:

5pm

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:**