

**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. _____

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

SITE AND BLDG #: VA050-01

Rich Walker DATE: 9.01.2020

LOCATION/RM #: Mech Room WO# 12495

9am

5pm

[illegible]

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: