

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE002 Date of Visit: 9/29/20

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 12621FQ,12642MO,12653QT,12673SA,12693SA,12720PMF, 12736PMS
2. FILTERS, LIGHTING, VEHICLE EXHAUST, CIRCULATING PUMPS, HEATERS
3. MINI-SPLITS, CONDENCERS, WALL PACKS
4. \_\_\_\_\_
5. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:


Print Name: Johnny W Brown Date: 9/29/20

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 Gustavo Bonilla Date: 9/29/20

Signed: 

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

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

SITE AND BLDG #: **DE002-01**MECHANIC  
SIGNATURE: DATE: **9/29/20**LOCATION/RM #: **WO# 12621**START TIME: **0900**FINISH TIME: **1630**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Initial and Date Filter (if disposable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Initial and Date Yellow Maintenance Tag (if applicable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
ASSET #	SIZE	QTY		NOTES/ ACTIONS
1713	washable filters	2		
1715				
1716				
1717				
1718				
1719				
1720				

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:**