

## CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: MD019 Date of Visit: 9/22/20

Contractor Personnel on Site:

1. <u>JOHN BROWN</u>	3. _____
2. _____	4. _____

### **Work Performed:**

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

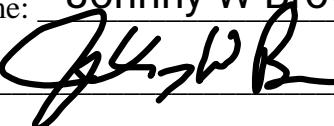
1. WO'S 12629FQ,12646MO,12661QT,12702SA,12731PMQ,12662QT,12681SA
2. FILTERS, GATE, GREASE TRAP, CIRCULATING PUMPS,
3. RTP, CHEMICAL POT FEEDER, EXPANSION TANK, HEATERS
4. \_\_\_\_\_
5. \_\_\_\_\_

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 9/22/20

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 William Schaffer Date: 9/22/20

Signed: 

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

## **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**

### **FILTER REPLACEMENT**

**SITE AND BLDG #:** MD019-01

## MECHANIC SIGNATURE:

DATE: 9/22/20

**LOCATION/RM #:** WO# 12629

**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:**