

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: VA099 Date of Visit: 9.10.2020

Contractor Personnel on Site:

1. RICHARD WALKER 3. _____
2. _____ 4. _____

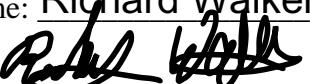
Work Performed:

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

1. WO'S 12651MO,12672QT,12713SA, 12640FQ, 12652MO,12714SA
2. GATE, CIRCULATING PUMPS, MINI SPLITS, LIGHTING
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Walker Date: 9.10.2020
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: Don Huson Date: 9.10.2020
Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: VA099-02

LOCATION/RM #: Compressor, Rm. **WO#** 12640

MECHANIC SIGNATURE:

Richard Walker

DATE: 9/02/2020

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: