

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD002 Date of Visit: 9/21-23/20

Contractor Personnel on Site:

1. JOHN BROWN      3. \_\_\_\_\_  
2. \_\_\_\_\_      4. \_\_\_\_\_

**Work Performed:**

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

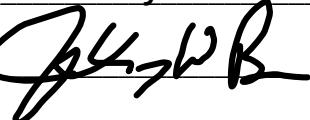
1. WO'S 12645MO,12655QT,12696SA,12738-12739PMS,12657QT,12740-12742PMS
2. 12716PMF, 12727PMQ,12732PMS
3. LIGHTING, GREASE TRAPS, CIRCULATING PUMOPS, GLYCOL FEEDER,
4. GLYCOL EXP TANK, MINI SPLITS,EXP TANKS, DDC CONTROLER, EXT WALL PACKS
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

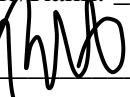
Print Name: Johnny W Brown Date: 9/23/20

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: Capt Brian Wharton Date: 9/23/20

Signed: 

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

## **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**

### **FILTER REPLACEMENT**

**SITE AND BLDG #:** MD002-07

## MECHANIC SIGNATURE

9/23/20

**LOCATION/RM #:** WO# **12716**

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:**