

## CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: MD002 Date of Visit: 11/30/20

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 12937FQ,12979MO,12992QT,13015SA,13085Q,13100S, 13016SA,12993QT,
2. 12938FQ,12994QT,13017SA,12939FQ,13018SA,13056F,13081Q,13095PMS,
3. FILTERS,OUTSIDE LIGHTING, KITCHEN EQUIP, WATER HEATERS, EXP TANK
4. AIR HANDLERS,CONDENSING UNITS, CHILLER, DEHUMIDIFIERS,
5. VFD'S, FURNACE, SUMP PUMP,VRF UNITS,AHU UNITS

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 11/30/20

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 Jason Lamontagne Date: 11/30/20

Signed: 

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

## **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**

### **FILTER REPLACEMENT**

**SITE AND BLDG #:** **MD002-01**

**MECHANIC  
SIGNATURE:** *[Signature]*

DATE: 11/9/20

**LOCATION/RM #:** **WO# 12937**

**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:**