

**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

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

SITE AND BLDG #: MD002-04

MECHANIC
SIGNATURE _____

DATE: 11/9/20

LOCATION/RM #: **WO# 12938**

START TIME: 0900

FINISH TIME: 1630

[illegible]

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: