

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: MD019 Date of Visit: 11/18/20

Contractor Personnel on Site:

1. <u>John Brown</u>	3. _____
2. _____	4. _____

Work Performed:

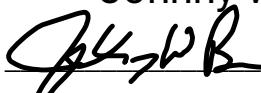
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO'S 12943FQ,12980MO,12997QT,13022SA,13061F,13088Q,13103S
2. 12944FQ,12998QT
3. FILTERS,GATE, KITCHEN EQUIP, WATER HEATERS. AIR HANDLER, CHILLER
4. HUMIDIFIER, FURNACE, SUMPPUMP, TIME CLOCK, VFD
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

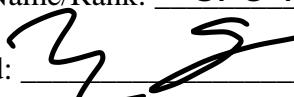
Print Name: Johnny W Brown Date: 11/18/20

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: 11/18/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: MD019-01

LOCATION/RM #: **WO#** **12943**

MECHANIC SIGNATURE

DATE: 11/18/20

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: