

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: VA050 Date of Visit: 11.06.2020

Contractor Personnel on Site:

- | | |
|--------------------------|----------|
| 1. <u>RICHARD WALKER</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

1. WO'S 12952FQ,12957FQ,12984MO,13008QT,13033SA,13040SA
2. 13079Q,
3. FILTERS, GATE, ICE MAKER, WATER HEATER, OUTSIDE LIGHTING
4. AIR HANDLERS, CHILLERS, CONDENSING UNITS,
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Walker Date: 11.06.2020

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: _____ Date: 11.06.2020

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: **VA050-01**MECHANIC SIGNATURE: Richard WalkerDATE: 11.06.2020LOCATION/RM #: Mechanical Room WO# **12952**
12957START TIME: 9amFINISH TIME: 5pm

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|-------------------------------------|-------------------------------------|---|
| | | YES | NO | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Check, clean, and/or replace filters as required. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 2 | Initial and Date Filter (if disposable) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 3 | Initial and Date Yellow Maintenance Tag (if applicable) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| ASSET # | SIZE | QTY | | NOTES/ ACTIONS |
| | Record Size : | | | |
| 2344 | (6) 20X25X2 / (2) 16X25X2 | 3 | | |
| 2345 | (2) 16X25X2 / (6) 20X25X2 | 8 | | |
| | | | | |
| 3Y190 | 20X20X1 | 1 | | |
| 3Y191 | 20X20X1 | 1 | | |
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| | NOTE : Any AHU with outside air -Filter gets replaced Quarterly | | | |
| | All other filters get replaced annually But inspected Quarterly | | | |
| | | | | |

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: