

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: VA049 Date of Visit: 11.10.2020

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 12921FQ,1295PFQ,13006QT,13029SA,13039SA,13063PMF,13076PMQ
2. 13107PMS,13030SA,13031SA,13077PMQ,13007QT,13032SA,13066M,13078PMQ
3. FILTERS, KITCHEN EQUIP,HEATRES, AIRHANDLERS, CONDENSING UNITS,
4. CHILLER,LIGHTING,OUTDOOR AIR UNITS
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

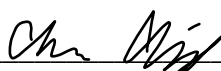
Print Name: Richard Walker Date: 11.10.2020

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: Chris Chipps Date: 11.10.2020

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

**SITE AND BLDG #: VA049-01**

Mechanical Room 12951

LOCATION/RM #: Upstairs WO# 13063

12956

## MECHANIC

**SIGNATURE:** Richard Walker

DATE: 11.10.2020

**START TIME:**

1000

FINISH TIME: 6 PM

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 :			
2312	(4) 25x25x2 / (2) 20x25x2 / (4) 16x25x2	10		
2313	(6) 16x25x2 / (2) 20x25x2 / (4) 25x25x2	12		
190918-245				2 evaporator on coil is attached w/ filters
3Y188	20x20x1	2		
	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:**