

## CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: VAD99 Date of Visit: 2.03-04.2021

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. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Walker Date: 2 04.2021

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: Don Hudson Date: 2 04.2021

Signed: 

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

## **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**

### **FILTER REPLACEMENT**

SITE AND BLDG #: VA099-02  
LOCATION/RM #: <sup>Mech</sup> Room      WO# 13489, Asset# 2385

**MECHANIC SIGNATURE:** Richard Walker **DATE:** 2.04.2021  
**START TIME:** 8:30am **FINISH TIME:** 5pm

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:**