

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE001 Date of Visit: 03/17/21

Contractor Personnel on Site:

1. John Brown 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

**Work Performed:**

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

1. PM MAINTENANCE  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 03/17/21

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 Jose Mojica Date: 03/17/21

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**FILTER REPLACEMENT**

**SITE AND BLDG #:** DE001 B-1

**LOCATION/RM #:** WO# 13652

**MECHANIC SIGNATURE:**  **DATE:** 03/17/21

**START TIME:** 0900 **FINISH TIME:** 1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Check, clean, and/or replace filters as required.	/	/	
2	Initial and Date Filter (if disposable)	/	/	
3	Initial and Date Yellow Maintenance Tag (if applicable)	/	/	
ASSET #	SIZE	QTY	NOTES/ ACTIONS	
	Record Size :			
1679		1		
1680		1		
1681		1		
1683		1		
1684	washable filters	1		
1685		1		
1686		1		
1689		1		
		2		
	<b>NOTE : Any AHU with outside air -Filter gets replaced Quarterly</b>			
	<b>All other filters get replaced annually But inspected Quarterly</b>			

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:**