

**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. <u>John Brown</u> | 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:

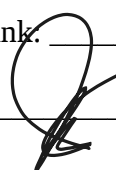
Print Name: Johnny W Brown Date: 03/17/21

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-2

MECHANIC SIGNATURE:  DATE: 03/17/21

LOCATION/RM #: WO# 13653

START TIME: 0900 FINISH TIME: 1630

| CHECK POINT                                | CHECKPOINT DESCRIPTION                                          | TASK COMPLETE                       |                          | NOTES/ ACTIONS<br>(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 type="checkbox"/> |                                                                         |
| 2                                          | Initial and Date Filter (if disposable)                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                         |
| 3                                          | Initial and Date Yellow Maintenance Tag (if applicable)         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                         |
| ASSET #                                    | SIZE                                                            | QTY                                 |                          | NOTES/ ACTIONS                                                          |
|                                            | Record Size :                                                   |                                     |                          |                                                                         |
|                                            |                                                                 |                                     |                          |                                                                         |
|                                            | no filter on exterior condensers                                | 0                                   |                          |                                                                         |
|                                            |                                                                 |                                     |                          |                                                                         |
|                                            |                                                                 |                                     |                          |                                                                         |
|                                            |                                                                 |                                     |                          |                                                                         |
|                                            |                                                                 |                                     |                          |                                                                         |
|                                            |                                                                 |                                     |                          |                                                                         |
|                                            |                                                                 |                                     |                          |                                                                         |
|                                            |                                                                 |                                     |                          |                                                                         |
|                                            |                                                                 |                                     |                          |                                                                         |
|                                            |                                                                 |                                     |                          |                                                                         |
|                                            |                                                                 |                                     |                          |                                                                         |
|                                            | 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:**