

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE007 Date of Visit: 03/16/21

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. <u>PM MAINTENANCE</u>	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 03/16/21

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: Amy Lyons Date: 03/16/21

Signed: 

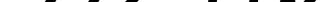
E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: DE007 B-2

LOCATION/RM #: WO# **13656**

MECHANIC SIGNATURE:  DATE: 03/16/21

START TIME: 0900 FINISH TIME: 1630

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: