

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: VA006 Date of Visit: 3/9/21

Contractor Personnel on Site:

1. Richard Walker      3. \_\_\_\_\_  
2. \_\_\_\_\_      4. \_\_\_\_\_

**Work Performed:**

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

1. WO#'s 13194, 13255  
2. Asset#'s 2246, 2247, 2257, 2248, 2249, 2250, 2251, 2252, 2253  
3. \_\_\_\_\_  
4. FQ, PM  
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Richard Walker Date: 3/9/21

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: Don Huson Date: 3/9/21

Signed: 

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

## **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**

### **FILTER REPLACEMENT**

**SITE AND BLDG #:** VA006-01

**MECHANIC  
SIGNATURE:** Richard Walker

DATE: 3/9/21

**LOCATION/RM #:** Roof hallway      **WO#** 13667

**START TIME:** 9am **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: