

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: VA049 Date of Visit: 3/19/21

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. WO#s 13765, 13763, 13769, 13669, 13799, 13670,
  2. 13681, 13764, 13774, 13671, 13682, 13720, 13739,
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. Asset# 3y129, 3y130, 3y131, 2317, 3y127, 3y128, 2324,
  6. 2326, 3y217, 3y218, 3y219, 3y220, 3y278, 3y355, 3y233,
  7. 3y234, 3y235, 2332, 2333, 3y279, 3y280, 2340, 2341, 3y281,
  8. 3y282, 3y283, 3y260
- 

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Richard Walker Date: 3/19/21

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: Chris Chipps Date: 3/19/21

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

**SITE AND BLDG #:** VA049-02

MECHANIC  
SIGNATURE: Richard Walker DATE: 3/29/21

**LOCATION/RM #:** office, gym    **WO#**    13670

**START TIME:** 9am **FINISH TIME:** 5:00pm

| CHECK POINT                                       | CHECKPOINT DESCRIPTION                                                 | TASK COMPLETE                       |                                     | NOTES/ ACTIONS<br><small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small> |
|---------------------------------------------------|------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------|
|                                                   |                                                                        | YES                                 | NO                                  |                                                                                        |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |                                                                        |                                     |                                     |                                                                                        |
| 1                                                 | Check, clean, and/or replace filters as required.                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                                        |
| 2                                                 | Initial and Date Filter (if disposable)                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                                        |
| 3                                                 | Initial and Date Yellow Maintenance Tag (if applicable)                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                                        |
| ASSET #                                           | SIZE                                                                   | QTY                                 |                                     | NOTES/ ACTIONS                                                                         |
|                                                   | Record Size :                                                          |                                     |                                     |                                                                                        |
| 2332                                              | washable                                                               | 1                                   |                                     |                                                                                        |
| 2333                                              | washable                                                               | 1                                   |                                     |                                                                                        |
|                                                   |                                                                        |                                     |                                     |                                                                                        |
|                                                   |                                                                        |                                     |                                     |                                                                                        |
|                                                   |                                                                        |                                     |                                     |                                                                                        |
|                                                   |                                                                        |                                     |                                     |                                                                                        |
|                                                   |                                                                        |                                     |                                     |                                                                                        |
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|                                                   |                                                                        |                                     |                                     |                                                                                        |
|                                                   |                                                                        |                                     |                                     |                                                                                        |
|                                                   |                                                                        |                                     |                                     |                                                                                        |
|                                                   | <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:**