

**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,  
13681, 13764, 13774, 13671, 13682, 13720, 13739,
  2. 13765, 13775, 13793
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. Asset# 3y129, 3y130, 3y131, 2317, 3y127, 3y128, 2324,  
2326, 3y217, 3y218, 3y219, 3y220, 3y278, 3y355, 3y233,  
3y234, 3y235, 2332, 2333, 3y279, 3y280, 2340, 2341, 3y281,  
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 #:** VA049-04

**MECHANIC**  
**SIGNATURE:** Richard Walker

**DATE:** 3/17/21

**LOCATION/RM #:** office      **WO#** 13682

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

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS <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 :			
3y281	washable	1		
	<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:**