

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: VA011 Date of Visit: 3/2/21

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 13790, 13798, 13820
2. Asset# 190918-212, 190918-232, 190918-243
3. _____
4. PMF, PMM, PMS
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Walker Date: 3/2/21

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 Chipp Date: 3/2/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: VA011-01
LOCATION/RM #: gym, outside
mech **WO#** 13790

MECHANIC
SIGNATURE: Richard Walker **DATE:** 3/2/21
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: