

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: VA099 Date of Visit: 4/05/21

Contractor Personnel on Site:

1. Richard Walker 3. _____
2. _____ 4. _____

Work Performed:

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

1. Asset#s
2. 1427, 1465, 2370, 1466, 1467
3. _____
4. PM-AN, PM-MO, PM-SA
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Walker Date: 4/05/21

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: 4/05/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DEHUMIDIFIER

SITE AND BLDG #: _____				MECHANIC SIGNATURE: <i>Rich Walker</i>	DATE: <u>4/05/21</u>
LOCATION/RM #: <u>vault</u> WO# <u>13930</u> ASSET # <u>2370</u>				START TIME: <u>9am</u>	FINISH TIME: <u>5pm</u>
CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)	
		YES	NO	SPECIAL INSTRUCTIONS	
1	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
TO BE PERFORMED AT EACH INSPECTION SERVICE					
1	Check water inlet and outlet for any leaks, repair as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2	Clean and/or replace filter as needed. -Record space humidity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Space Humidity <u>43</u> %	
3	If applicable, check hours per usage, replace tanks's as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

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 Worker

Additional Notes:

Washable filter