

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD003 Date of Visit: 05/21/21

Contractor Personnel on Site:

1. John Brown 3. _____
2. _____ 4. _____

Work Performed:

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

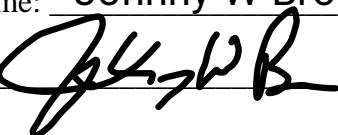
1. WO'S
2. _____
3. _____
4. _____
5. _____

Average Building Temp 76 * Average Building RH Humidity 65 %

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 05/21/21

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: SGT Nicholas Cruz Date: 05/21/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
FILTER REPLACEMENT

SITE AND BLDG #: MD003 B-1
LOCATION/RM #: WO# 14001

MECHANIC SIGNATURE: 
DATE: 05/21/21
START TIME: 0900 **FINISH TIME:** 1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check, clean, and/or replace filters as required.	/	/	
2	Initial and Date Filter (if disposable)	/	/	
3	Initial and Date Yellow Maintenance Tag (if applicable)	/	/	
ASSET #	SIZE	QTY	NOTES/ ACTIONS	
	Record Size :			
1863				
1864	all units			
1865	have	2 ea.		
1866				
1867	18x24x1			
1868				
1869				
1870				
1871				
1872				
1873	NOTE : Any AHU with outside air -Filter gets replaced Quarterly			
1874	All other filters get replaced annually But inspected Quarterly			

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: