

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 9/22/21

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>PATRICK BROWN</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

1. WO#'S , 14415 , 14465-14468 , 14538 , 14539 , 14610 , 14611 ,
2. 14666-14668 , 14806 , 14814 , 14830 , 14540 , 14541 , 14635 , 14669 ,
3. 14670
4. ASSET#'S , 10064 , 10051-10053 , 10035 , 10036 , 10066 , 10069 ,
5. 10046 , 10073 , 10077 , 10080 , 190917-, 276 , 291 , 294 , 299 , 278

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 9/22/21

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: SSG Jimmy Almonor Date: 9/22/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

SITE AND BLDG #: NY051 BLDG1 &2

MECH room,
LOCATION/RM #: maintenance bay WO# 14538-14541

**MECHANIC
SIGNATURE:**

DATE: 9/22/21

START TIME: 9am

FINISH TIME: 10:30am

| 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. | <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 : | | | |
| 10073 | 20x20x2 | 6 | | permanent washable filter |
| 10077 | 16x12 | 1 | | |
| 10035 | 24x24x2/20x24x2 | 4/12 | | |
| 10036 | 20x12x2/24x12x2/20x20x2 | 2/1/2 | | |
| | 24x20x2/16x20x2/16x25x2 | 1/4/2 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | NOTE : Any AHU with outside air -Filter gets replaced Quarterly | | | |
| | 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: