

**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

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**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 <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 :			
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:**