CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE

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

FACID/Building: NY013 Date of Visit: 9/23/21

Contractor Personnel on Site:

1. PATRICK BROWN
2. _____
3. _____
4. _____

Work Performed:

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

1. WO#'S, 14516 , 14517 , 14576-14578 , 14768-14771 , 14811 , 14817 , 14821 , 14650 , 14822
2. ASSET#'S, 9218 , 9219, 9209-9211 , 9216 , 9265 , 190917-, 131 , 133 , 134 , 104-118 , 138-140
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 9/23/21

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: SFC KEVIN STEWART Date: 9/23/21

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
FILTER REPLACEMENT

SITE AND BLDG #: NY013 BLDG1

MECHANIC SIGNATURE:

DATE: 9/23/21

LOCATION/RM #: BLDG1 **WO#** 14576-14578

START TIME: 9am **FINISH TIME:** 10am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE YES	TASK COMPLETE NO	NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
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 :		
9209	20x25x2/16×25×2	2/4	
9210	16x25x2/20×25×2	2/1	
9211	16x20x2	4	
	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: