

## CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Contractor Personnel on Site:

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**Work Performed:**

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

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
- 

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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:  Date: \_\_\_\_\_

Signed: 

E-Mail: \_\_\_\_\_

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**FILTER REPLACEMENT**

SITE AND BLDG #: VA050-01

MECHANIC  
SIGNATURE: 

DATE: 08-19-21

LOCATION/RM #:

WO# 14585

START TIME: 0900

FINISH TIME: 1630

| CHECK POINT   | CHECKPOINT DESCRIPTION                                  | TASK COMPLETE |                | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |  |  |
|---|---|---------------|----------------|---|--|--|
|   |   | YES           | NO             |   |  |  |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>               |   |               |                |   |  |  |
| 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 :   |   |               |                |   |  |  |
| 3Y190   | 16x25x2   | 2             |                |   |  |  |
| 3Y191   | 20x20x1   | 1             |                |   |  |  |
|   |   |               |                |   |  |  |
|   |   |               |                |   |  |  |
|   |   |               |                |   |  |  |
|   |   |               |                |   |  |  |
|   |   |               |                |   |  |  |
|   |   |               |                |   |  |  |
|   |   |               |                |   |  |  |
|   |   |               |                |   |  |  |
|   |   |               |                |   |  |  |
|   |   |               |                |   |  |  |
|   |   |               |                |   |  |  |
|   |   |               |                |   |  |  |
|   |   |               |                |   |  |  |
| 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:**