

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD003 Date of Visit: 08/05/21

Contractor Personnel on Site:

1. _____	3. _____
2. _____	4. _____

**Work Performed:**

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

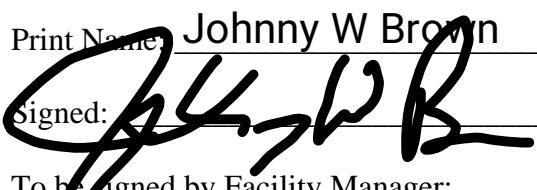
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

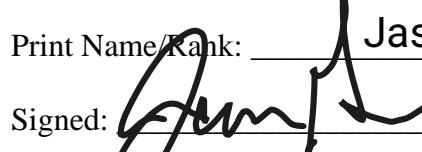
Print Name: Johnny W Brown Date: 08/05/21

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: Jason Gavin Date: 08/05/21

Signed: 

E-Mail:

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**TIME CLOCK, LIGHTING**

SITE AND BLDG #: MD003 B-2

MECHANIC  
SIGNATURE:

DATE: 08/05/21

LOCATION/RM #: WO# 14652 ASSET # 190918-179

START TIME: 0900

FINISH TIME: 1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
1	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	/	\	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Clean timeclock using a soft lint-free cloth and spray bottle of glass cleaner. Remove any dirt or grease build up.	/	\	
2	Check physical connections. Check wiring connections for tightness	/	\	
3	Verify the timeclock configuration, ensure proper operation.	/	\	
4	If applicable, check battery and replace as needed.	/	\	

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 Worker

**Additional Notes:**