

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE001 Date of Visit: 09/09/21

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. _____ |    |
| 74       | 48 |

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 09/09/21

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 Jose Mojica Date: 09/09/21

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

**SITE AND BLDG #:** DE001 B-2

LOCATION/RM #: WO# 14842

**MECHANIC  
SIGNATURE:**

DATE: 09/09/21

START TIME: 0900

**FINISH TIME:** 1630

| CHECK POINT                                       | CHECKPOINT DESCRIPTION                                          | TASK COMPLETE |    | NOTES/ ACTIONS<br><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.               | ✓             |    |                                                                                        |
| 2                                                 | Initial and Date Filter (if disposable)                         | ✓             |    |                                                                                        |
| 3                                                 | Initial and Date Yellow Maintenance Tag (if applicable)         | ✓             |    |                                                                                        |
| ASSET #                                           | SIZE                                                            | QTY           |    | NOTES/ ACTIONS                                                                         |
|                                                   | Record Size :                                                   |               |    |                                                                                        |
| 1703                                              | no filters on outdoor unit                                      |               |    |                                                                                        |
|                                                   |                                                                 |               |    |                                                                                        |
|                                                   |                                                                 |               |    |                                                                                        |
|                                                   |                                                                 |               |    |                                                                                        |
|                                                   |                                                                 |               |    |                                                                                        |
|                                                   |                                                                 |               |    |                                                                                        |
|                                                   |                                                                 |               |    |                                                                                        |
|                                                   |                                                                 |               |    |                                                                                        |
|                                                   |                                                                 |               |    |                                                                                        |
|                                                   |                                                                 |               |    |                                                                                        |
|                                                   |                                                                 |               |    |                                                                                        |
|                                                   |                                                                 |               |    |                                                                                        |
|                                                   |                                                                 |               |    |                                                                                        |
|                                                   |                                                                 |               |    |                                                                                        |
|                                                   | 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:**