

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE007 Date of Visit: 09/15/21

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

43

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 09/15/21

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: Danielle Barrett Date: 09/15/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

DUCTLESS MINI SPLIT

SITE AND BLDG #: DE007 B-1

MECHANIC
SIGNATURE:


DATE: 09/15/21

LOCATION/RM #: WO# 14845 ASSET # 1797

START TIME: 0900 FINISH TIME: 1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	As needed, de-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. Follow lock out/tag out procedures at all times.	✓		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check fan blades for dust buildup and clean if necessary.	✓		
2	Check all electrical connections	✓		
3	Check that the fan runs properly in all speeds as applicable.	✓		
4	Check dampers and rotating auto diffusers for dirt accumulations, clean as necessary.	✓		
5	Check filter door for proper gasketing and air leaks. Correct as needed.	✓		
6	Change or Clean filter as needed. Filters get checked quarterly.	✓		
7	Ensure condense pump is working properly and that the drain lines are clear.	✓		
8	Clean up work area.	✓		

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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

SITE AND BLDG #: DE007 B-2

MECHANIC
SIGNATURE

DATE: 09/15/21

LOCATION/RM #: **WO#** 14845

START TIME: 0900 **FINISH TIME:** 1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
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 :			
1797	washable filters	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: