

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD003 Date of Visit: 09/01/21

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. _____

76

50

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 09/01/21

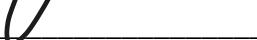
Signed: 

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: 09/01/21

Signed: 

E-Mail: 

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
FILTER REPLACEMENT

SITE AND BLDG #: **MD003 B-1**LOCATION/RM #: **WO# 14848**MECHANIC
SIGNATURE: **09/01/21**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 :				
1893	25x25x2	4		
1894	25x25x2	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: