

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 #: VA049-01

MECHANIC
SIGNATURE: 

DATE: 10-25-21

LOCATION/RM #:

WO# 15209

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 :						
2312	25x25x2	8				
2313	20x25x2	4				
	16x25x2	10				
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: