

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 12/7/21 , 12/9/21

Contractor Personnel on Site:

1. PATRICK BROWN 3. _____
2. _____ 4. _____

Work Performed:

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

1. WO#'S, 15217 , 15238-15242 , 15295 , 15318 , 15319 , 15384-15389 ,
2. 15494 , 15530 , 15320 , 15390-15392 , 15531 , 15393 , 15532
3. ASSET#'S, 10547-10550 , 10558 , 10612 , 10610 , 10615 , 10556 ,
4. 10557 , 10611 , 10617-10619 , 10641 , 10623 , 10624 , 10625 , 10642 ,
5. 190917-, 423 , 424 , 427 , 428 , 450 , 423-429 , 448 , 460 , 462 ,

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12/9/21

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: AMMIE MEARERO Date: 12/9/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: NY067 BLDG1

LOCATION/RM #: BLDG1 WO# 15217

MECHANIC SIGNATURE.

DATE: 12/7/21

START TIME: 7am

FINISH TIME: 8am

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: