

**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. \_\_\_\_\_

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**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

**SITE AND BLDG #: VA048-03**

**MECHANIC  
SIGNATURE:**

**DATE:** 12-09-21

**LOCATION/RM #:** **WO#15553**

**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.               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                                        |
| 2                                                 | Initial and Date Filter (if disposable)                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                                        |
| 3                                                 | Initial and Date Yellow Maintenance Tag (if applicable)         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                                        |
| ASSET #                                           | SIZE                                                            | QTY                                 |                          | NOTES/ ACTIONS                                                                         |
|                                                   | Record Size :                                                   |                                     |                          |                                                                                        |
| 3Y276                                             | Cleanable                                                       |                                     |                          |                                                                                        |
|                                                   |                                                                 |                                     |                          |                                                                                        |
|                                                   |                                                                 |                                     |                          |                                                                                        |
|                                                   |                                                                 |                                     |                          |                                                                                        |
|                                                   |                                                                 |                                     |                          |                                                                                        |
|                                                   |                                                                 |                                     |                          |                                                                                        |
|                                                   |                                                                 |                                     |                          |                                                                                        |
|                                                   |                                                                 |                                     |                          |                                                                                        |
|                                                   |                                                                 |                                     |                          |                                                                                        |
|                                                   |                                                                 |                                     |                          |                                                                                        |
|                                                   |                                                                 |                                     |                          |                                                                                        |
|                                                   |                                                                 |                                     |                          |                                                                                        |
|                                                   |                                                                 |                                     |                          |                                                                                        |
|                                                   | 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:**