

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 6/1/22

Contractor Personnel on Site:

1. <u>PATRICK BROWN</u>	3. _____
2. _____	4. _____

Work Performed:

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

1. WO#'S , 17226 , 17563 , 17575 , 17609 , 17227 , 17564 , 17571 , 17576 , 17610 , 17611
2. ASSET#'S , 190917- , 606-611 , 617 , 634 , 635 , 604 , 618 , 619 , 643 , 609 , 610 , 611 , 620 , 641 , 679 , 680 , 681 , 691 , 695 , 698 , 705 , 706 , 690 , 696 , 713 , 724 , 697 , 699 , 701 , 704 , 725 , 726 , 730

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 6/1/22

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: LARS LUFFMAN Date: 6/1/22

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
FILTER REPLACEMENT

SITE AND BLDG #: NY127 BLDG1

MECHANIC
SIGNATURE: 

DATE: 6/1/22

LOCATION/RM #: BLDG1 WO# 17226

START TIME: 7am

FINISH TIME: 8am

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.	<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 :			
190917-				
606	20x20x2	15		
607	24x24x2	2		
608	16x25x2	7		
609	16x20x4	1		
610	20x20x4	1		
611	20x20x4	1		
617	15.5x24.5x2/19.5x24.5x2	4/1	permanent washable filters	
634	9 3/4x22x1	1		
635	9 3/4x22x1	1		
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: