

**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. <u>WO#'S , 17226 , 17563 , 17575 , 17609 , 17227 , 17564 , 17571 ,</u> |
| 2. <u>17576 , 17610 , 17611</u> |
| 3. <u>ASSET#'S , 190917-, 606-611 , 617 , 634 , 635 , 604 , 618 , 619 ,</u> |
| 4. <u>643 , 609 , 610 , 611 , 620 , 641 , 679 , 680 , 681 , 691 , 695 , 698 ,</u> |
| 5. <u>705 , 706 , 690 , 696 , 713 , 724 , 697 , 699 , 701 , 704 , 725 , 726 ,</u> |
| <u>730</u> |

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 BLDG2

MECHANIC
SIGNATURE: 

DATE: 6/1/22

LOCATION/RM #: BLDG2 WO# 17227

START TIME: 1:30pm

FINISH TIME: 2:30pm

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 checked="" type="checkbox"/>	
2	Initial and Date Filter (if disposable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Initial and Date Yellow Maintenance Tag (if applicable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
ASSET #	SIZE	QTY		NOTES/ ACTIONS
	Record Size :			
190917-691	16x24x2	1		
190917-695	15x11- 3/8 x3/8 box filter	4-2		15x11 are washable
190917-698	16x20x2 - 16x25x2 - 20x16x12	6-4-6		
190917-705	20x20x4	1		
190917-706	16x20x4	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: