

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 6/14/22

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 , 17228-17231 , 17289 , 17290 , 17357 , 17358 , 17408 ,
2. 17409 , 17569 , 17596 , 17232 , 17291 , 17292 , 17379 , 17410 ,
3. 17411 , 17597 ,
4. ASSET#'S , 10038-10041 , 10035 , 10036 , 10066 , 10069 ,
5. 10042 , 10065 , 10074 , 10073 , 10077 , 10080 , 10075 , 10076 ,
6. 190917- , 294 , 299 , 292 , 293 , 297 , 298 , 300 , 303-306

CERTIFICATION OF WORK

To be signed by the Contractor:

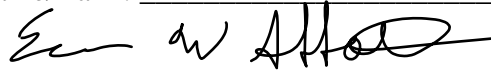
Print Name: Patrick Brown Date: 6/14/22

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: SFC ABBOTT Date: 6/14/22


Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: NY051 BLDG2
 LOCATION/RM #: office
oms bay WO# 17291,17292

MECHANIC SIGNATURE:  DATE: 6/14/22
 START TIME: 11:30am FINISH TIME: 12pm

| 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 : | | | |
| 10077 | | 1 | | permanent washable filter |
| | | | | |
| | | | | |
| | | | | |
| 10073 | 20x20x2 | 6 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | 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: