

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 5/31/22

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 , 17273 , 17323-17325 , 17501 , 17502 , 17557 ,
2. 17566 , 17573 , 17583 , 17392 , 17503 , 17558 , 17584
3. ASSET#'S , 9212 , 9209 , 9210 , 9211 , 9213 , 9242 ,
4. 9265 , 9250 , 190917- , 101 , 135 , 131 , 133 , 134 , 129 ,
5. 130 , 136 , 137 , 143 ,

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 5/31/22

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: RON VOGT Date: 5/31/22

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

SITE AND BLDG #: NY013 BLDG1

**MECHANIC
SIGNATURE:**

DATE: 5/31/22

LOCATION/RM #: BLDG1 WO# 17323-17325

START TIME: 8am

FINISH TIME: 9am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check, clean, and/or replace filters as required.			
2	Initial and Date Filter (if disposable)			
3	Initial and Date Yellow Maintenance Tag (if applicable)			
ASSET #	SIZE	QTY		NOTES/ ACTIONS
	Record Size :			
9209	20x25x2 - 16x25x2	2-4		
9210	16x25x2 - 20x25x2	2-1		
9211	16x20x2	4		
	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: