

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 6/21/22

Contractor Personnel on Site:

1. Patrick Brown 3. _____
2. _____ 4. _____

Work Performed:

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

1. WO#'S , 17355 , 17356 , 17377 , 17378 , 17550-17555 ,
2. 17559 , 17568 , 17574 , 17593 , 17407 , 17556 , 17594 ,
3. 17595 ,
4. ASSET#'S , 9891 , 9896 , 9932 , 9935 , 9893-9897 , 9931 ,
5. 9943 , 9939 , 190917- , 245 , 269 , 264 , 267 , 270 , 274 ,
275

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 6/21/22

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: Gysgt elwart Date: 6/21/22

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: NY039 BLDG1

LOCATION/RM #: BLDG1 WO# 17355.17356

MECHANIC SIGNATURE

DATE: 6/21/22

START TIME: 7:30am

FINISH TIME: 8am

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: