

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: _____ Date of Visit: _____

Contractor Personnel on Site:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

1. _____
2. _____
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

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: _____ Date: _____

Signed: _____

E-Mail: _____

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
FILTER REPLACEMENT**

SITE AND BLDG #: NY051 WO 2503

**MECHANIC
SIGNATURE:** 

DATE: 3/25/19

LOCATION/RM #: building 1 and 2

START TIME: 2PM

FINISH TIME: 2:30 PM

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 both internal and external filters as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Label and Date Filter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Initial Yellow Maintenance Tag get if applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
QTY	SIZE			EQUIPMENT
6	20 x 20 x 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asset# 10073 HV Unit
16	20 x 24 x 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asset# 10035 AHU
6	24 x 24 x 12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asset#10035 AHU
2	12 x 24 x 12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asset# 10035 AHU
2	24 x 12 x 12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asset# 10036 AHU
2	20 x 20 x 12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asset# 10036 AHU
1	20 x 24 x 12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asset# 10036 AHU
4	16 x 20 x 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asset# 10036 AHU
2	16 x 25 x 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asset# 10036 AHU

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: GMW **Additional Notes:**