

**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. \_\_\_\_\_

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**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 #:** NY067 WO 2535

**MECHANIC  
SIGNATURE:** 

**DATE:** 3/15/19 –3/19/19

**LOCATION/RM #:** Building 1

**START TIME:** 8am

**FINISH TIME:** 9:30am

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 checked="" type="checkbox"/>	
2	Label and Date Filter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Initial Yellow Maintenance Tag get if applicable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
QTY	SIZE			EQUIPMENT
6	20 x 24 x 2			Asset# 10548 AHU
3	24 x 24 x 2			Asset # 10549 AHU
3	12 x 24 x 2			
6	20 x 20 x 2			Asset # 10550 AHU
3	12 x 20 x 2			
2	24 x 20 x 2			

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:**