

**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:

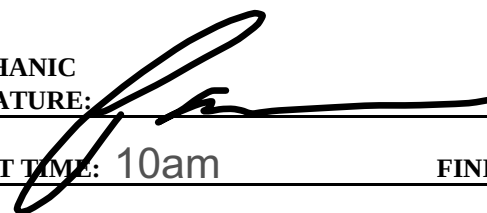
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: _____ Date: _____

Signed: Candi M. Hutchins

E-Mail: Candi.m.hutchins.civ@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DEHUMIDIFIER

SITE AND BLDG #: **NY013-01**MECHANIC
SIGNATURE: DATE: **7/25/19**LOCATION/RM #: _____ WO# **4653** ASSET # **9215**START TIME: **10am**FINISH TIME: **10:15am**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered.	☒	☒	
2	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	☒	☒	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check water inlet and outlet for any leaks, repair as needed.	☒	☒	no leaks found
2	Clean and/or replace filter as needed.	☒	☒	filter is clean
3	If applicable, check hours per usage, replace tanks's as needed.	☒	☒	no hour meter and tank is good

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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: