

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 12/19/19 -12/27/19

Contractor Personnel on Site:

| | |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

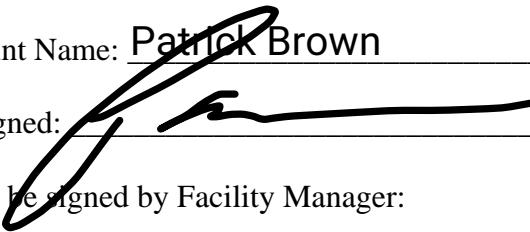
6105

1. WO'S ~~6105~~ 640PFQ,6428PMQ,6459PMS,6106PFQ,6425PMM,6460PMS,6461PMS
2. FILTERS, GREASE TRAP, HEATERS, KITCHEN HOOD, WALL PACKS,
3. FAN COILS, LIGHTING, FURNACE, GATE
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12/27/19

Signed: 

To be signed by Facility Manager:

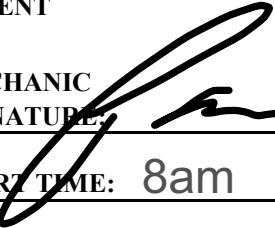
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: LARS LUFFMAN Date: 12/27/19

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
FILTER REPLACEMENT

SITE AND BLDG #: **NY127-01**MECHANIC
SIGNATURE: DATE: **12/19/19**

LOCATION/RM #:

WO# 6105START TIME: **8am**FINISH TIME: **10am**

| 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 filters as required. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Initial and Date Filter (if disposable) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Initial and Date Yellow Maintenance Tag (if applicable) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| ASSET # | SIZE | QTY | NOTES/ ACTIONS | |
| | Record Size : | | | |
| 190917-606 | 20x20x2 - 20x20x12 | 15-15 | | |
| 190917-607 | 24x24x2 - 24x24x12 | 2 - 2 | | |
| 190917-608 | 16x25x2 | 7 | | |
| 190917-609 | 16x20x4 | 1 | | |
| 190917-610 | 20x20x4 | 1 | | |
| 190917-611 | 20x20x4 | 1 | | |
| 190917-617 | 15.5x24.5x2 - 19.5x24.5x2 | 4 - 1 | permanent cleanable filters | |
| 190917-634 | 9 3/4 x22x1 | 1 | | |
| 190917-635 | 9 3/4x22x1 | 1 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | 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: