

**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  
6105
1. WO'S 6105 PFQ,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# 6105**START 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 checked="" type="checkbox"/>	
2	Initial and Date Filter (if disposable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Initial and Date Yellow Maintenance Tag (if applicable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
ASSET #	SIZE	QTY		NOTES/ ACTIONS
	Record Size :			
<del>190917-606</del>	<del>20x20x2 - 20x20x12</del>	<del>15-15</del>		
<del>190917-607</del>	<del>24x24x2 - 24x24x12</del>	<del>2 - 2</del>		
<del>190917-608</del>	<del>16x25x2</del>	<del>7</del>		
<del>190917-609</del>	<del>16x20x4</del>	<del>1</del>		
<del>190917-610</del>	<del>20x20x4</del>	<del>1</del>		
<del>190917-611</del>	<del>20x20x4</del>	<del>1</del>		
<del>190917-617</del>	<del>15.5x24.5x2 - 19.5x24.5x2</del>	<del>4 - 1</del>		<del>permanent cleanable filters</del>
<del>190917-634</del>	<del>9 3/4 x22x1</del>	<del>1</del>		
<del>190917-635</del>	<del>9 3/4x22x1</del>	<del>1</del>		
	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:**