

**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**

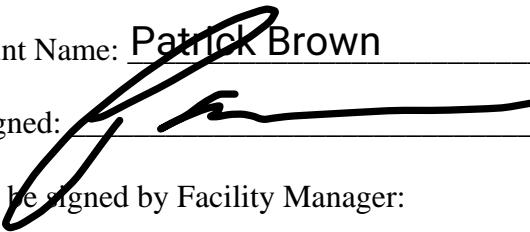
1. WO'S ~~6105~~ 640PFQ,6428PMQ,6459PMS,6106PFQ,6425PMM,6460PMS,6461PMS
2. FILTERS, GREASE TRAP, HEATERS, KITCHEN HOOD, WALL PACKS,
3. FAN COILS, LIGHTING, FURNACE, GATE
4. \_\_\_\_\_
5. \_\_\_\_\_

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**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 #: NY127-02

MECHANIC  
SIGNATURE:

PAGE: 12/27/19

**LOCATION/RM #:** **WO# 6106**

~~START TIME: 7:30am~~

**FINISH TIME:** 9am

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:** I have to look up the box filters for asset# 190917- 695 and I will replace them as soon as I get them

