

**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 #: NY051-01

MECHANIC

SIGNATURE: 

DATE: 12/3/19

LOCATION/RM #:

WO# 6107

START TIME: 8am

FINISH TIME: 9am

6108

| CHECK POINT                                       | CHECKPOINT DESCRIPTION  | TASK COMPLETE                       |                                     | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|-------------------------------------|-------------------------------------|---|
|   |   | YES                                 | NO                                  |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |   |                                     |                                     |   |
| 1   | Check, clean, and/or replace filters as required.               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | all filters were replaced   |
| 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 :   |                                     |                                     |   |
| 100035  | 24x24x2 - 20x24x2   | 4 - 12                              |                                     |   |
| 100036  | 20x12x2   | 2                                   |                                     |   |
|   | 24x12x2   | 1                                   |                                     |   |
|   | 20x20x2   | 2                                   |                                     |   |
|   | 24x20x2   | 1                                   |                                     |   |
|   | 16x20x2   | 4                                   |                                     |   |
|   | 16x25x2   | 2                                   |                                     |   |
|   |   |                                     |                                     |   |
|   |   |                                     |                                     |   |
|   |   |                                     |                                     |   |
|   |   |                                     |                                     |   |
|   | 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:**