

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 12/20/19

Contractor Personnel on Site:

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

**Work Performed:**

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

1. WO6124-6128FQT, WO6192MO,WO6211-6222QT,WO6296-6301SA
2. WO6422PMM,WO6452PMS, WO6223QT,WO6302-6304SA, WO6453PMS
3. WO6305SA,WO6454PMS
4. FILTERS, LIGHTING,SUMP PUMP,GREASE TRAP,HEATERS,GATES
5. WALL PACKS,EXHAUST SYSTEM,

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12/20/19

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: SSG WILLIAM MONTES Date: 12/20/19

Signed: Will J. Montes

E-Mail: \_\_\_\_\_

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

**SITE AND BLDG #:** NY067-01

MECHANIC  
SIGNATURE

**DATE:** 12/20/19

**LOCATION/RM #:** **WO# 6124-6128**

**START TIME:** 7:30am

**FINISH TIME:** 9am

| CHECK POINT                                       | CHECKPOINT DESCRIPTION  | TASK COMPLETE                       |                          | NOTES/ ACTIONS<br><small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small> |
|---|---|-------------------------------------|--------------------------|--|
|   |   | 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 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 :   |                                     |                          |  |
| 10547   | 20x20x2 - 20x24x2   | 6 - 9                               |                          |  |
| 10548   | 20x24x2   | 6                                   |                          |  |
| 10549   | 12x24x2 - 24x24x2   | 3 - 3                               |                          |  |
| 10550   | 20x20x2 - 24x20x2 - 12x24x2                                     | 6 - 2 - 3                           |                          |  |
| 10558   | 20x20x2   | 6                                   |                          |  |
|   |   |                                     |                          |  |
|   |   |                                     |                          |  |
|   |   |                                     |                          |  |
|   |   |                                     |                          |  |
|   |   |                                     |                          |  |
|   |   |                                     |                          |  |
|   |   |                                     |                          |  |
|   |   |                                     |                          |  |
|   | 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:**