

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 12/13/19 - 12/16/19

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. WO6145-6147FQT, WO6361SA, WO6362SA, WO6418PMM, WO6426PMQ
2. WO6430PMS, WO6229QT, WO6363SA, WO 6431PMS
3. FILTERS, HEATERS, KITCHEN HOOD, OUTSIDE LIGHTING, GATES,
4. WALL PACK LIGHTING, VEHICLE EXHAUST
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12/16/19

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: SFC KEVIN STEWART Date: 12/16/19

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### FILTER REPLACEMENT

**SITE AND BLDG #:** **NY013-01** **6145**  
**LOCATION/RM #:** **WO# 6146** **6147**

**MECHANIC SIGNATURE:** *[Signature]* **DATE:** 12/16/19

**START TIME:** 7:30am **FINISH TIME:** 8:30am

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:**