

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 1/2/20

Contractor Personnel on Site:

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

**Work Performed:**

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

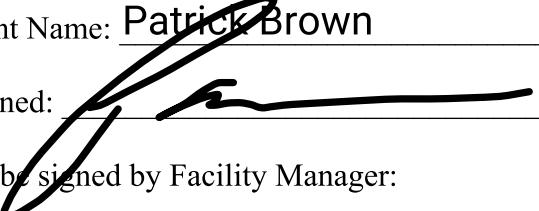
1. WO'S 6564-6569AN, 6696MO, 6748-6750SA, 6827PMM, 6835PMQ
2. 6751-6752SA, 6836PMQ, 6753-6754SA, 6837PMQ
3. KITCHEN EQUIP, LIGHTING, OVERHEAD DOORS, GATE, FILTERS
4. WO's 6558-6563AN
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

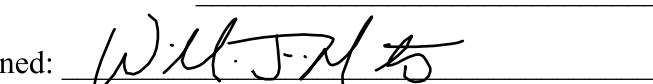
Print Name: Patrick Brown Date: 1/2/20

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: 1/2/20

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### FILTER REPLACEMENT

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

## MECHANIC SIGNATURE

DATE: 1/2/20

**LOCATION/RM #:** **WO# 6890**

~~START TIME: 10:15am~~

**FINISH TIME:** 10:45am

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:**