

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 2/12/20-2/13/20

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 6932FQ, 6958-6960AN, 6984FAN, 7000MO, 7089-7095QT, 7234-7235SA
2. 7281PMM,7295PMQ,73110PMS,6961AN,7096-7098QT,7296PMQ,7312PMS,7099-7100QT
3. FILTERS, BOILERS, OUTSIDE LIGHTING,CIRCULATING PUMPS, KITCHEN EQUIPMENT,
4. EMERGENCY WALL PACKS AND EXIT SIGNS, ISOLATION VALVES, GLYGOL FEEDER,
5. EXPANSION TANKSWATER HEATERS, BLDG AUTOMATION SYSTEM,

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/13/20

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: AMMIE Mearero Date: 2/13/20

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### FILTER REPLACEMENT

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

## MECHANIC SIGNATURE

DATE: 2/11/20

**LOCATION/RM #:** **WO# 6932, 6984,**

~~START TIME: 8am~~

**FINISH TIME:** 8:10am

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:**