

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY113 Date of Visit: 2/10/20

Contractor Personnel on Site:

1. <u>PATRICK BROWN</u>	3. _____
2. _____	4. _____

**Work Performed:**

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

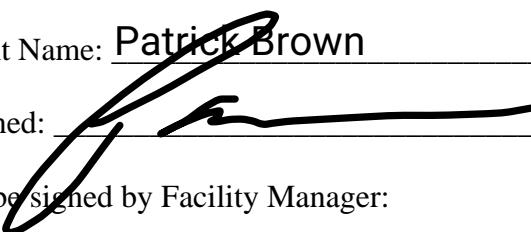
1. WO'S 6944PFA,7282PMM,7298PMQ,7314-7315 PMS,6945PFA,
2. 7286PMM, 7299PMQ, 7316-7317 PMS
3. FILTERS, GATES, EXPANSION TANKS, BYPASS FEEDER, WATER HEATERS, STORAGE
4. TANKS, EXIT SIGNS, CIRCU PUMPS, VAVs, BLDG AUTOSYSTEM, KEYPAD,
5. AIR COMPRESSOR, OUTSIDE LIGHTING,

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/10/20

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: SGT James Alsimer Date: 2/10/20

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### FILTER REPLACEMENT

**SITE AND BLDG #:** **NY113-02**

**MECHANIC  
SIGNATURE**

DATE: 2/10/20

**LOCATION/RM #:** **WO# 6945**

~~START TIME: 1:30pm~~

**FINISH TIME:** 2:30pm

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: