

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: NY113 Date of Visit: 3/16/20

Contractor Personnel on Site:

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

Work Performed:

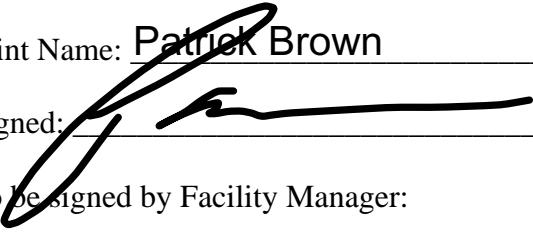
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO'S7353PFQ, 7655 PMM, 7660PMQ, 7678PMS, 7354PFQ, 7656PMM, 7679PMS
 2. FILTERS, GATES, AIR HANDLERS, ERU'S, CONDENSING UNITS, AC SPLIT
 3. UNIT, CIRCULATING PUMP, VFD, MAKE-UP AIR UNIT, LIGHTING
 4. _____
 5. _____
-

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 3/16/20

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: MARYLD Edmunds Date: 3/16/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: **NY113-01**

**MECHANIC
SIGNATURE**

DATE: 3/16/20

LOCATION/RM #: **WO# 7353**

~~START TIME: 11am~~

FINISH TIME: 1pm

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: