

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: _____ Date of Visit: _____

Contractor Personnel on Site:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

1. _____
2. _____
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

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: Jason Gavin Date: 3/21/19

Signed:  _____

E-Mail: _____

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
FILTER REPLACEMENT**

SITE AND BLDG #: DE007 WO 7487

MECHANIC SIGNATURE:  **DATE:** 3/21/19

START TIME: 0900 **FINISH TIME:** 1630

LOCATION/RM #: B-1 & 2

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)	
		YES	NO		
TO BE PERFORMED AT EACH INSPECTION SERVICE					
1	Check, clean, and/or replace both internal and external filters as necessary.	/			
2	Label and Date Filter	/			
3	Initial Yellow Maintenance Tag get if applicable	/			
QTY	SIZE			EQUIPMENT	
		/		asset #	
8	20x24x2	/		1735	AHU-1
2	12x24x2	/		1734	AHU-3
2	24x24x2	/			
1	12x24x2	/		1733	AHU-2
1	24x24x2	/			
1	20x20x1	/		1782	
1	20x20x1	/		1783	

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: GMW **Additional Notes:**