

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: _____ Date of Visit: 3/1/19

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: Johnny W. Brown Date: 3/1/19

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: _____ Date: _____

Signed:  _____

E-Mail: _____

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
FILTER REPLACEMENT**

SITE AND BLDG #: **MD002**

WO 7494

**MECHANIC
SIGNATURE:**



DATE: **3/1/19**

LOCATION/RM #:

START TIME: **0900**

FINISH TIME: **1630**

| 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 |
| 3 | 24 X 24 x 2" | / | | |
| 1 | 12 X 24 X 2" | / | | |
| 12 | 16 X 20 X 4 " | / | | |
| 12 | 16 X 20 X 1" | / | | |
| 1 | 25 X 25 X 2" | / | | |
| 2 | 14 X 25 X 2" | / | | |
| 4 | 16 X 24 X 2" | / | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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:**