

**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:

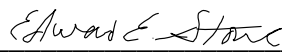
Print Name: _____ Date: _____

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: _____ Date: _____

Signed: 

E-Mail: _____



**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
FILTER REPLACEMENT**

SITE AND BLDG #: PA118 WO 7556

MECHANIC SIGNATURE:  **DATE:** 3/18/2019

LOCATION/RM #: _____

START TIME: 8:00 AM **FINISH TIME:** 4:30 PM

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
4	16x24x2 Filter	✓		AHU - 6
4	16x24x2 Filter	✓		AHU - 5
4	16x24x2 Filter	✓		AHU - 4
4	16x20x2 Filter	✓		AHU - 4
4	16x24x2 Filter	✓		AHU - 3
4	16x20x2 Filter	✓		AHU - 3
4	16x24x2 Filter	✓		AHU - 2
4	16x20x2 Filter	✓		AHU - 2
4	16x24x2 Filter	✓		AHU - 1
4	16x20x2 Filter	✓		AHU - 1
1	16x24x1 Filter	✓		Warehouse Split System

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:**