

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: _____ Date of Visit: 5/31/19

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: 5/31/19

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: Danielle Barrett Date: 5/31/19

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: DE007-B1

**MECHANIC
SIGNATURE:**
DATE: 5/31/19

LOCATION/RM #: **WO#** 8539

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 filters as required. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Initial and Date Filter (if disposable) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Initial and Date Yellow Maintenance Tag (if applicable) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| ASSET # | SIZE | QTY | | NOTES/ ACTIONS |
| 1733 | 24x24x2 & 12 x24x2 | 1 & 1 | | AHU2 |
| 1734 | 24x24x2 & 12x24x2 | 2 & 2 | | AHU3 |
| 1735 | 20x24x2 & 20x20x2 | 8 & 4 | | AHU1 |
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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: