

**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:

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| 1. _____</ |
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PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

AIR HANDLER

SITE AND BLDG #: **NY010**MECHANIC
SIGNATURE: 

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE	
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PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

ENERGY RECOVERY VENTILATOR

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
OUTDOOR PACKAGED UNIT/ROOF TOP UNIT (RTU)

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE	
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