

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: _____ Date of Visit: 6/12/19

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: 6/12/19

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: Christopher Huebler Date: 6/12/19

Signed: _____


E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **FILTER REPLACEMENT**

SITE AND BLDG #: MD005-01

MECHANIC
SIGNATURE:


DATE: 6/12/19

LOCATION/RM #:

WO# 8854

START TIME:

0900

FINISH TIME:

1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check, clean, and/or replace filters as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Initial and Date Filter (if disposable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Initial and Date Yellow Maintenance Tag (if applicable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
ASSET #	SIZE	QTY		NOTES/ ACTIONS
1935	9x45x1	4		
1936	9x18x1	1		
1937	9x48x1	2		
1938	9x16x1	1		
1940	9x36x1	3		
1941	9x38x1	2		
1942	9x40x1	3		
1943	9x48x1	2		
1944	9x36x1	6		
1945	9x42x1	2		
1946	9x48x1	1		
1947	9x42x1	1		
1948	9x48x1	1		
1949	9x42x1	1		
1950	9x46x1	1		
1952	9x36x1	1		
1953	9x48x1	1		

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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **FILTER REPLACEMENT**

SITE AND BLDG #: **MD005-01**MECHANIC
SIGNATURE: DATE: **6/12/19**LOCATION/RM #: **WO# 8854**START TIME: **0900**FINISH TIME: **1630**

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3	Initial and Date Yellow Maintenance Tag (if applicable)	<div></div>	<div></div>	
ASSET #	SIZE	QTY		NOTES/ ACTIONS
1954	9x16x1	1		
1955	9x46x1	1		
1956	9x36x1	1		
1957	9x46x1	1		
1958	9x18x1	1		
1959	9x24x1	1		
1960	9x36x1	1		
1961	9x46x1	1		
1962	9x48x1	1		
1963	9x36x1	1		
1964	9x18x1	1		
1965	9x36x2	1		
1966	9x18x1	1		
1967	9x36x1	1		
1968	9x42x1	1		
1969	9x36x1	1		

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: