

**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:

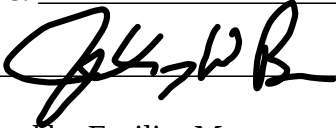
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. 8861FQ, 8916MO, 8960SA, 8896AN, 8897AN, 8961SA, 8862FQ, 8962SA, 8963SA
2. FILTERS, GATES UNIT HEATERS, EXHAUST FANS, PTAC,
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

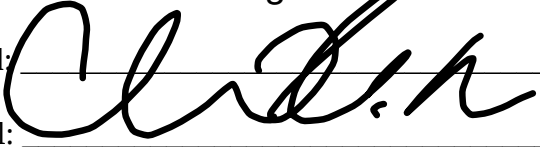
Print Name: Johnny W Brown Date: 6/12/19

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: Sgt Chris Hubbard Date: 6/12/19

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

SITE AND BLDG #: MD024-01

MECHANIC SIGNATURE: AKSH DATE: 6/12/19

LOCATION/RM #: WO# 8861

START TIME: 0900 **FINISH TIME:** 1630

[illegible]

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: