

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 9/3/20

Contractor Personnel on Site:

1. <u>PATRICK BROWN</u>	3. _____
2. _____	4. _____

**Work Performed:**

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

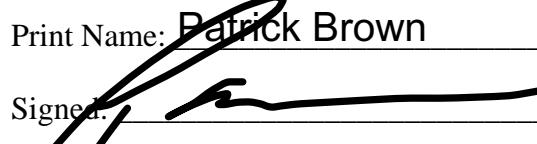
1. WO'S 9770PFQ,9979-9980FQT,10011-10012MO,10186SA,10200PMM,
2. 10207PMQ,10219PMS,10046QT
3. FILTERS, LIGHTING, GATES, CHILLER, AIR HANDLER, SUMP PUMP,
4. SPLIT UNIT EVAPORATOR, CONDENSING UNIT, EXHAUST
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

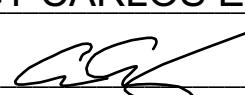
Print Name: Patrick Brown Date: 9/3/20

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 CARLOS ERAZO Date: 9/3/20

Signed: 

E-Mail: \_\_\_\_\_

## **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**

### **FILTER REPLACEMENT**

**SITE AND BLDG #:** **NY039-01**

**LOCATION/RM #:** **9970**  
**WO#** **9979**  
**9980**

## MECHANIC SIGNATURE:

DATE: 9/3/20

**START TIME:** 8:30am

**FINISH TIME:** 9am

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: