

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 10/1/20

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 9773PFQ,9926--9930FQT,9994MO, 10023-10024QT,10104-10108SA
2. 10202PMM,10223PMS,10025QT
3. FILTERS, AIR HANDLERS, MAKEUP UNIT,LIGHTING, SUMP PUMP
4. GREASE TRAP,VFD, EXHAUST
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 10/1/20

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: AMMIE MEARERO Date: 10/1/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: NY067-01MECHANIC
SIGNATURE: DATE: 10/1/20LOCATION/RM #: WO# 9773START TIME: 7:30amFINISH TIME: 9:30am9926-9930

| 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 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 |
| | Record Size : | | | |
| 190917-423 | 61x8x1 | 1 | | |
| 190917-424 | " | 1 | | |
| 190917-427 | " | 1 | | |
| 190917-428 | " | 1 | | |
| | | | | |
| 10547 | 20x20x2 - 20x24x2 | 6 - 9 | | |
| 10548 | 20x24x2 | 6 | | |
| 10549 | 12x24x2 - 24x24x2 | 3 - 3 | | |
| 10550 | 20x20x2 - 24x20x2 - 12x24x2 | 6 - 2 - 3 | | |
| 10558 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | NOTE : Any AHU with outside air -Filter gets replaced Quarterly | | | |
| | All other filters get replaced annually But inspected Quarterly | | | |
| | | | | |

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: