

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 10/7/20

Contractor Personnel on Site:

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

**Work Performed:**

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

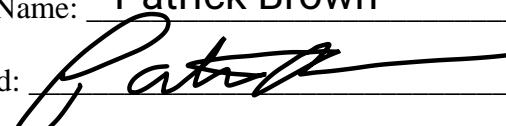
1. WO'S 9777PFQ,10209PMQ, 10227PMS,9778PFQ,10197PMA,10205PMM,
2. 10210PMQ,10228PMS
3. FILTERS, GREASE INTERCEPTOR, CHILLER, AIR HANDLERS, HRS, CONDENSING UNITS
4. MAKEUP AIR UNIT, VFD, AIR CURTAIN, FURNACE, FAN COIL UNITS, LIGHTING
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 10/7/20

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: Lars Luffman Date: 10/7/20

Signed: 

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

## **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**

### **FILTER REPLACEMENT**

**SITE AND BLDG #:** **NY127-02**

**MECHANIC  
SIGNATURE:**

DATE: 10/7/20

**LOCATION/RM #:** **WO# 9778**

START TIME: 1 pm

**FINISH TIME: 2pm**

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: