

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

FACID/Building: P2042

Date of Visit: 4/9/19

Contractor Personnel on Site:

- |                       |          |
|-----------------------|----------|
| 1. <u>Tony Carano</u> | 4. _____ |
| 2. _____              | 5. _____ |
| 3. _____              | 6. _____ |

Work Performed:

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

- |                |       |
|----------------|-------|
| 1. <u>8248</u> | _____ |
| 2. _____       | _____ |
| 3. _____       | _____ |
| 4. _____       | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Carano

Date: 4/8/19

Signed: [Signature]

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: JAMES JOSEPH SGT

Date: 4 APRIL 19

Signed: [Signature]

E-Mail: JAMES.T.JOSEPH@ny.gov

OTHER RECURRING SERVICES CERTIFICATION OF WORK  
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: 9042-01402 Date of Visit: 4/9/19

Contractor Personnel on Site:

1. Tony Lopez
2. Scott Wern
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

Other Recurring Services

1. 8361
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Lopez Date: 4/5/19  
Signed: [Signature]

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: JAMES JOSEPH SBT Date: 9 APRIL 14

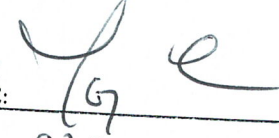
Signed: [Signature]

E-Mail: JAMES.T.JOSEPH3.MIL@MAIL.MIL

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST THERMOSTATS

SITE AND BLDG #:

P. 092-02

MECHANIC  
SIGNATURE:


DATE:

4/2/19

LOCATION/RM #:

0M1

WO#

8246

ASSET #

R39C

START TIME:

0110

FINISH TIME: 0500

CHECK POINT	CHECKPOINT DESCRIPTION	TESTS/COMPLETION		NOTES/ACTIONS (If not completed, provide explanation)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered.			
2	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.		<input checked="" type="checkbox"/>	
<b>TO BE PERFORMED DATE EACH INSPECTION SERVICE</b>				
1	If EMS (Energy Management System) exists, run the manufacturers diagnostic software for the wireless system. This diagnostic shall produce a report of all functional aspects of the wireless system indicating faults that should be addressed in this maintenance.		<input checked="" type="checkbox"/>	
2	Review all zone set points at the server.	<input checked="" type="checkbox"/>		
3	Inspect thermostat installation; ensure mounting is correct, fastened secure and that the thermostat is not blocked by equipment generating heat or furniture blocking air circulation.	<input checked="" type="checkbox"/>		
4	Remove thermostat cover and lightly blow away any accumulated dust with canned low pressure air.	<input checked="" type="checkbox"/>		
5	Check time-of-day schedule to confirm consistency with facility operation. Adjust schedule as needed.	<input checked="" type="checkbox"/>		
6	If applicable, replace battery as needed.	<input checked="" type="checkbox"/>		

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: HVAC Technician

Additional Notes:

Ser

70

per on

70.8