

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 11/4/22

Contractor Personnel on Site:

1. Patrick Brown 3. _____
2. _____ 4. _____

Work Performed:

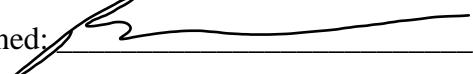
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S , 19416 , 19434 , 19435 , 19487 , 19520-19523 ,
2. 19694 , 19706 , 19717 , 19488
3. ASSET#'S , 10043 , 10066 , 10069 , 10044 , 10045 ,
4. 10067 , 10068 , 10037 , IL-, 36,37 , 190917-, 294 , 299 ,
5. 280-284 , 295 , 296

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: PATRICK BROWN Date: 11/4/22

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: Noah Ingerson Date: 11/4/2022

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
CHEMICAL BYPASS/POT FEEDER

SITE AND BLDG #: NY051 BLDG1 **MECHANIC SIGNATURE:**  **DATE:** 11/4/22

LOCATION/RM #: Mechanical room **WO#** 19717 **ASSET #** 190917-283 **START TIME:** 12:30pm **FINISH TIME:** 1pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	✓		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check physical condition of feeder. Clean and/or repair as needed.	✓		
2	Check valves for proper operation. Ensure no leaks are present and repair as needed.	✓		

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 Worker

Additional Notes: