

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 8/22/22

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 , 18294 , 18307 , 18389-18395 , 18511 , 18512 ,
  2. 18584 , 18596 , 18609 , 18610 , 18666 , 18396-18398 , 18597 ,
  3. 18611 , 18667 , 18399 , 18400 , 18668
  4. ASSET#'S , 10568 , 10612 , 10559 , 10560 , 10566-10568 ,
  5. 10613 , 10614 , 10608 , 10609 , 10636-10638 , 10643 , 10644 ,
  6. IL-,55-57 , 190917-, 450 , 430-434 , 446 , 449 , 447 , 452 , 455 ,
  7. 458 , 459
- 

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/22/22

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: CONNERY ZALESKI Date: 8/22/22

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### DDC CONTROLLER

SITE AND BLDG #: NY067 BLDG1

LOCATION/RM #: mechanical room

WO# 18609

ASSET # 190917-434

MECHANIC  
SIGNATURE: 

DATE: 8/22/22

START TIME: 12pm

FINISH TIME: 12:15pm

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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Obtain username and password for login. If not available, contact appropriate company manager to obtain access.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Login into system, check for any alarms currently on system. Make necessary repairs to correct alarms back to normal state.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Check physical condition of the device. Shut off power to the unit. Vacuum any remaining dust. Turn power back on to the unit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Check all fuses for evidence of heating or weakening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Check sytem for alarms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Check all plug connections in the panel to ensure the plugs are fully seated.	<input checked="" type="checkbox"/>	<input 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 discription of the deficiency.

To be performed by: HVAC Technician

**Additional Notes:**