

**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. Patrick Brown 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 ,
IL-55-57 , 190917-, 450 , 430-434 , 446 , 449 , 447 , 452 , 455 ,
458 , 459

CERTIFICATION OF WORK

To be signed by the Contractor:

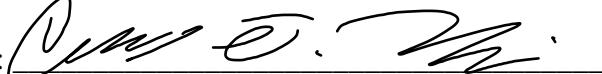
Print Name: Patrick Brown Date: 8/22/22

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 **MECHANIC SIGNATURE:** 
LOCATION/RM #: mechanical room **WO#** 18609 **ASSET #** 190917-434 **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. |  | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Obtain username and password for login. If not available, contact appropriate company manager to obtain access. |  | | |
| 2 | Login into system, check for any alarms currently on system. Make necessary repairs to correct alarms back to normal state. |  | | |
| 3 | Check physical condition of the device. Shut off power to the unit. Vacuum any remaining dust. Turn power back on to the unit. |  | | |
| 4 | Check all fuses for evidence of heating or weakening. |  | | |
| 5 | Check system for alarms |  | | |
| 6 | Check all plug connections in the panel to ensure the plugs are fully seated. |  | | |

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: