<div align="center">

CERTIFICATION OF WORK
**PREVENTIVE MAINTENANCE**

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

</div>

FACID/Building: __NY127_____ Date of Visit: __8/11/22_____

Contractor Personnel on Site:

1. __Patrick Brown_____    3. _____
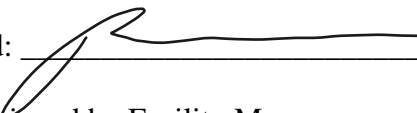
2. _____    4. _____

**Work Performed:**

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

1. WO#'S , 18562 , 18563 , 18564 , 18575 -18577 , 18599 ,
2. 18613 , 18614 , 18673 , 18565 , 18566 , 18578 , 18585 ,
3. 18600 , 18615 , 18674 , 18675 ,
4. ASSET#'S , 190917-, 631-633 , 603 , 622-627 , 642 , 645 ,
5. 651 , 652 , 659 , 660 , 686 , 615 , 616 , 636-640 , 683 ,
IL-65-67 , 702 , 709 , 724 , 703 , 707 , 710 , 711 , 714 ,
716 , 700 , 708

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<div align="center">

**CERTIFICATION OF WORK**

</div>

To be signed by the Contractor:

Print Name: __Patrick Brown_____    Date: __8/11/22_____

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:
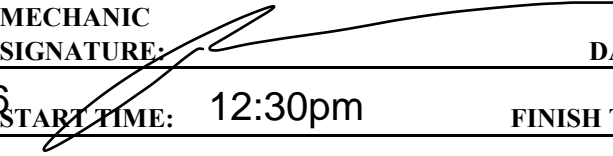
Print Name/Rank: __LARSLUFFMAN_____ Date:__2022 08 11__

Signed: _____

E-Mail: _____

CMI Management Inc.

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
## DDC CONTROLLER

**SITE AND BLDG #:** NY127 BLDG1

**MECHANIC SIGNATURE:**

**DATE:** 8/11/22

**LOCATION/RM #:** mechanical room  **WO#** 18613  **ASSET #** 190917-616  **START TIME:** 12:30pm  **FINISH TIME:** 12:45:pm

| 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 sytem 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 discription of the deficiency.

To be perfomed by: HVAC Technician

**Additional Notes:**