

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 2/16/22

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 , 15945 , 15946 , 16119-16125 , 16238 , 16252 , 16267 ,
2. 15968 , 16126-16128
3. ASSET#S , 9218-9220 , 9222 , 9240 , 9241 , 9243 , 9244 , 9245 ,
4. 9254 , 9261 , 9262 , 9263 , 190917, 131 , 102 , 103 , 132 , 119 , 124 ,
5. 125 , 126

**CERTIFICATION OF WORK**

To be signed by the Contractor:

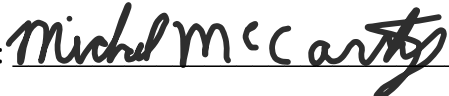
Print Name: Patrick Brown Date: 2/16/22

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:

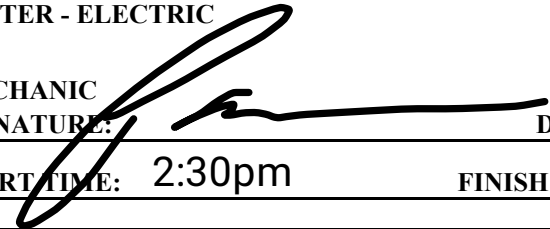
Print Name/Rank: MR MCCARTHY Date: 2/16/22

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**DOMESTIC HOT WATER HEATER - ELECTRIC**

SITE AND BLDG #: NY013 BLDG1

MECHANIC  
SIGNATURE: 

DATE: 2/16/22

LOCATION/RM #: M103 WO# 16126 ASSET # 9261

START TIME: 2:30pm

FINISH TIME: 3pm

| CHECK POINT                                | CHECKPOINT DESCRIPTION                                                                                                                                                                           | TASK COMPLETE                       |                          | NOTES/ ACTIONS<br>(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                                          | Attach drain hose. Drain several gallons from tank to remove sediment.                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | drained water for several minutes                                       |
| 2                                          | Manually check operation of safety valve. Check for corrosion around valve. Verify the safety valve inspection tag is in place. Ensure that no personnel are in area of relief piping discharge. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | safety valve function functions properly                                |
| 3                                          | Check all connections - electric and water. Tighten as necessary. Ensure power is disconnected to electric heaters prior to checking connections.                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | all connections are tight                                               |
| 4                                          | Check operation/ setting of aquastat. Check hot water temperature with dial thermometer, set aquastat at minimum value required for all uses.                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | aquastat setting is correct                                             |
| 5                                          | Check amperage draw of upper and lower elements and compare to name plate data.                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | AMP READINGS    L1 _____    L2 _____                                    |
| 6                                          | Clean up work area and remove trash.                                                                                                                                                             | <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 perfomed by: General Maintenance Worker

**Additional Notes:**