

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 8/23/22

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. <u>WO#'S , 18433-18439 , 18580 , 18586 , 18601 ,</u> |
| 2. <u>18627 , 18440-18442 , 18628 ,</u> |
| 3. <u>ASSET#'S , 9220 , 9222 , 9240 , 9241 , 9243 , 9244 ,</u> |
| 4. <u>9245 , 9261-9263 , IL-12 , IL-13 , 190917-, 131 ,</u> |
| 5. <u>102 , 103 , 132 , 119 , 124-126</u> |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/23/22

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: MIKE MCCARTHY Date: 8/23/22

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOMESTIC HOT WATER HEATER - ELECTRIC

SITE AND BLDG #: NY013 BLDG1

**MECHANIC
SIGNATURE:** 

DATE: 8/23/22

LOCATION/RM #: 122,119 **WO#** 18435, **ASSET #** 9240,
 18436 9241

START TIME: 8:30am

FINISH TIME: 9am

| 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 | Attach drain hose. Drain several gallons from tank to remove sediment. | ✓ | | |
| 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. | ✓ | | |
| 3 | Check all connections - electric and water. Tighten as necessary. Ensure power is disconnected to electric heaters prior to checking connections. | ✓ | | |
| 4 | Check operation/ setting of aquastat. Check hot water temperature with dial thermometer, set aquastat at minimum value required for all uses. | ✓ | | |
| 5 | Check amperage draw of upper and lower elements and compare to name plate data. | ✓ | | AMP READINGS L1 _____ L2 _____ |
| 6 | Clean up work area and remove trash. | ✓ | | |

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: