

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 3/18/22

Contractor Personnel on Site:

- |                         |            |
|-------------------------|------------|
| 1. <u>Patrick Brown</u> | 3. <u></u> |
| 2. <u></u>              | 4. <u></u> |

**Work Performed:**

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

1. WO#'S, 16323, 16324, 16391, 16392, 16442-16444, 16578,
2. 16605, 16325, 16326, 16413, 16445, 16446
3. ASSET#'S, 10035, 10036, 10066, 10069, 10046, 10073, 10077,
4. 10080, 190917-, 294, 299, 278,
5.

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 3/18/22

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: SFC ABBOTT Date: 3/18/22

Signed: 

E-Mail:

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### DUCTLESS MINI SPLIT

SITE AND BLDG #: NY051 BLDG1MECHANIC  
SIGNATURE: DATE: 3/18/22LOCATION/RM #: siprnet roomWO# 16444 ASSET # 10046START TIME: 10amFINISH TIME: 10:30am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	As needed, de-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. Follow lock out/tag out procedures at all times.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check fan blades for dust buildup and clean if necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	fan blades are clean
2	Check all electrical connections	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	electrical connections are good
3	Check that the fan runs properly in all speeds as applicable.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	fan functions properly in all speeds
4	Check dampers and rotating auto diffusers for dirt accumulations, clean as necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are clean
5	Check filter door for proper gasketing and air leaks. Correct as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	No air leaks
6	Change or Clean filter as needed. Filters get checked quarterly.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	filters are good
7	Ensure condense pump is working properly and that the drain lines are clear.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	drain lines are clear
8	Clean up work area.	<input checked="" type="checkbox"/>	<input checked="" 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: General Maintenance Worker

**Additional Notes:**