

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 2/15/22

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 ,15959 , 16007 , 16008 , 16175-16178 , 16236 ,
2. 16240 , 16259 , 16269 , 16270 , 15926 , 16179-16182
3. ASSET#'S ,9902 , 9932 , 9935 , 9898 , 9929 , 9933 ,
4. 9934 , 9930 , 9940 , 9941 , 9946 , 9947 , 190917- , 269 ,
5. 250 , 251 , 263 , 268 , 243 , 244 , 271 , 273 ,

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/15/22

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: SGT STORMS Date: 2/15/22

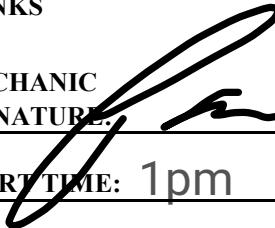
Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**EXPANSION TANKS**

SITE AND BLDG #: NY039 BLDG1

LOCATION/RM #: BOILER ROOM WO# 16259 ASSET # 190917-  
 250 251

MECHANIC  
SIGNATURE: 

DATE: 2/15/22

START TIME: 1pm

FINISH TIME: 1:15pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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"/>	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Examine exterior of tank including fittings and valves for leaks, signs of corrosion, and correct as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no sign of corrosion or leaks
2	If applicable, Check sight glass, insure level is between 1/2 and 3/4 sight glass. Correct as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	levels are correct
3	If applicable, check tank pressure via schrader valve. Correct as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pressure is correct

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: General Maintenance Worker

Additional Notes: