

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 8/24/22

Contractor Personnel on Site:

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

Work Performed:

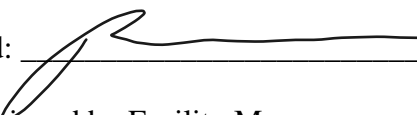
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S , 18321 , 18322 , 18489-18492 , 18550 , 18558 ,
2. 18559 , 18573 , 18574 , 18582 , 18593 , 18603 , 18604 ,
3. 18644 , 18493 , 18494 , 18560 , 18495 , 18496 , 18646
4. ASSET#'S , 9932 , 9935 , 9898 , 9929 , 9933 , 9934 , 9930 ,
5. 9940 , 9941 , 9946 , 9947 , IL-31 , IL-33 , 190917-, 253 , 254 ,
269 , 250 , 251 , 263 , 268 , 243 , 244 , 271 , 273

CERTIFICATION OF WORK

To be signed by the Contractor:

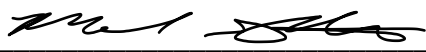
Print Name: Patrick Brown Date: 8/24/22

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: SSGT MIKE SHIFFLETT Date: 8/24/22


Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

EXPANSION TANKS

SITE AND BLDG #: NY039 BLDG1
boiler room
 LOCATION/RM #: _____ WO# 18593 ASSET # 190917-,
250,251

MECHANIC SIGNATURE:  DATE: 8/24/22
 START TIME: 11am FINISH TIME: 11:30am

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	Examine exterior of tank including fittings and valves for leaks, signs of corrosion, and correct as needed.	✓		
2	If applicable, Check sight glass, insure level is between 1/2 and 3/4 sight glass. Correct as needed.	✓		
3	If applicable, check tank pressure via schrader valve. Correct as needed.	✓		

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: