

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 11/3/22

Contractor Personnel on Site:

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

**Work Performed:**

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

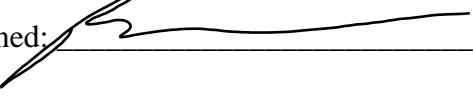
1. WO#'S , 19506 , 19427 , 19440 , 19586-19592 , 19695 , 19707 ,
2. 19719 , 19507 , 19593-19595 , 19720 , 19508 , 19596 , 19597
3. ASSET#'S , 10612 , 10559 , 10560 , 10566-10568 , 10613 ,
4. 10614 , 10551 , 10636-10638 , 10643 , 10644 , IL- , 55,56,57 ,
5. 190917-, 450,430,431,432,433,446,449,455 ,

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: PATRICK BROWN Date: 11/3/22

Signed: 

11/3/22

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: J Thomas, A1 SFC Date: 11/3/22

Signed: 

E-Mail: /

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

<b>SITE AND BLDG #:</b> NY067 BLDG1&2		<b>MECHANIC SIGNATURE:</b> 	<b>DATE:</b> 11/3/22	
<b>LOCATION/RM #:</b> BLDG1&2 <b>WO#:</b> 19719, <b>ASSET #:</b> 190917-, <b>19720</b> <b>432,433,455</b>		<b>START TIME:</b> 12:30pm	<b>FINISH TIME:</b> 1:30pm	
<b>CHECK POINT</b>	<b>CHECKPOINT DESCRIPTION</b>	<b>TASK COMPLETE</b>		<b>NOTES/ ACTIONS</b> (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.	✓		
<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.	✓		
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 description of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**