

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 5/12/23

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, 21812 , 21830 , 21893 , 21973 , 21974 , 21975 , 21976 , 21977 ,
2. 21978 , 21979 , 22071 , 22085 , 22097 , 21894 , 21980 , 21981 , 21982 ,
3. 22098 , 21895 , 21983 , 21984
4. ASSET#'S , 10568 , 10612 , IL-55 , 10559 , 10560 , 10566 , 10567 , 10568 ,
5. 10613 , 10614 , 10551 , IL-56 , 10636 , 10637 , 10638 , IL-57 , 10643 ,
10644 , 190917-, 450,430,431,432,433,446,449,455

CERTIFICATION OF WORK

To be signed by the Contractor:

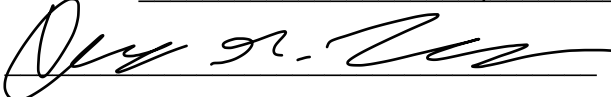
Print Name: Patrick Brown Date: 5/12/23

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: Canary Ziegler Date: 5/12/23

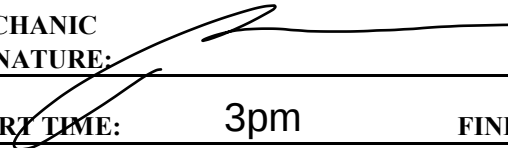
Signed: 

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

EXPANSION TANKS

SITE AND BLDG #: NY067 BLDG2

MECHANIC
SIGNATURE: 

DATE: 5/12/23

LOCATION/RM #: mechanical room

WO# 22098

ASSET# 190917-455

START TIME: 3pm

FINISH TIME: 3:15pm

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: