

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 8/11/22

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 , 18562 , 18563 , 18564 , 18575 -18577 , 18599 ,
  2. 18613 , 18614 , 18673 , 18565 , 18566 , 18578 , 18585 ,
  3. 18600 , 18615 , 18674 , 18675 ,
  4. ASSET#'S , 190917-, 631-633 , 603 , 622-627 , 642 , 645 ,
  5. 651 , 652 , 659 , 660 , 686 , 615 , 616 , 636-640 , 683 ,
  - IL-65-67 , 702 , 709 , 724 , 703 , 707 , 710 , 711 , 714 ,
  - 716 , 700 , 708
- 

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/11/22

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: LARS LUFFMAN Date: 2022 08 11

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### EXPANSION TANKS

SITE AND BLDG #: NY127 BLDG2  
 mechanical room  
 LOCATION/RM #: \_\_\_\_\_ WO# 18600 ASSET # 190917-  
703,711

MECHANIC SIGNATURE: \_\_\_\_\_ DATE: 8/11/22  
 START TIME: 3:45pm FINISH TIME: 4pm

| CHECK POINT                                | CHECKPOINT DESCRIPTION                                                                                                                                      | TASK COMPLETE |    | NOTES/ ACTIONS<br>(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:**