

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 2/9/22

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 , 15633-15644 , 15737 , 15782-15784 , 15851 , 15865 ,
2. 15785 , 15786 , 15866 , 15787 , 15788 , 15867
3. ASSET#'S , 10570-10581 , 10612 , 10622-10622 , 10639 , 10640 ,
4. 10645 , 10646 , 190917-, 450 , 421 , 454 , 461
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/9/22

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: AMMIE MEARERO Date: 2/9/22

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FOOD SERVING TABLE

ACTIVITY AND BLDG #: NY067 BLDG1

MECHANIC

SIGNATURE: DATE: 2/9/22LOCATION/RM #: kitchen WO# 15639, ASSET # 10576START TIME: 8:30amFINISH TIME: 9am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Notify cafeteria operator and get permission prior to performing all maintenance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	If any safety deficiencies are found which could cause injury or damage, notify the cafeteria operator immediately and secure the equipment from further operations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no deficiencies noted
2	Clean all exterior laminated surfaces, aluminium hardware and wire shelves with a mild soap solution, using a damp cloth followed by a lint-free dry cloth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all are clean
3	All glass can be cleaned with a non-abrasive cleaner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	used sprayway glass cleaner
4	Plexiglas can be cleaned and polished with specialized acrylic cleaners. Do not use strong alkali solutions, steel wool, or abrasive cleaners.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no plexiglas
5	Stainless steel surfaces may be cleaned with a non-abrasive cleaner applied liberally. Wipe and dry with smooth strokes in the direction of the polish marks on the steel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	surfaces are clean
6	To clean the interior of the display case and wire shelves, use a mild soap solution using a damp cloth followed by a lint-free dry cloth, being sure to wring out excess water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	interior of unit is clean

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: