

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 2/18/22

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 , 15845 , 15868 , 15873 , 15852 , 15869 , 15874 ,
2. 15870 , 15875
3. ASSET#'S , 190917- , 646 , 648 , 649 , 653 , 654 , 656 , 657 ,
4. 661 , 684 , 602 , 621 , 644 , 724 , 712 , 687 , 729 , 732
5. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/18/22

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: 2/18/22

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### FOOD SERVING TABLE

ACTIVITY AND BLDG #: NY127 BLDG1

MECHANIC

SIGNATURE: 

DATE: 2/18/22

LOCATION/RM #: kitchen WO# 15845 ASSET # 190917-646

START TIME: 8am

FINISH TIME: 8:15am

| CHECK POINT                                | CHECKPOINT DESCRIPTION  | TASK COMPLETE                       |                                     | NOTES/ ACTIONS<br>(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 description of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**