

**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
MISCELLANEOUS KITCHEN EQUIPMENT

ACTIVITY AND BLDG #: NY127 BLDG1MECHANIC SIGNATURE:  DATE: 2/9/22LOCATION/RM #: kitchen WO# 15643 ASSET # 10580START TIME: 9:30am FINISH TIME: 10am

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	De-energize, lock out, and tag electrical circuits and fuel service.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operator or manager for any deficiencies, verify cleaning program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no deficiencies noted
2	Check all controls, mechanisms for proper operation; adjust as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	controls function properly
3	If applicable, examine utility supply line, piping, valve packing, specialties, and insulation; look for any leaks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no leaks found
4	If applicable, check electric power line condition, switch, disconnect, etc.; or check condition of gas supply, valves, regulators, and inspect pilot, check for Gas leaks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Powerline and disconnect are in good condition
5	Ensure unit is clean and in working order. Note any deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	unit is clean and in working order

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: