

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 2/17/22

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, 15929 , 16265 , 16279 , 16280 , 15930 , 16243 ,
2. 16266 , 16281
3. ASSET#'S , 190917- , 615 , 616 , 636-640 , 683 , 709 , 724 ,
4. 703 , 707 , 710 , 711 , 714 , 716 , 700 , 708
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/17/22

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: 2/17/22

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **GLYCOL TANK**

SITE AND BLDG #: NY127 BLDG1

MECHANIC
SIGNATURE: 

DATE: 2/17/22

LOCATION/RM #: mechanical room

WO# 16265

ASSET # 190917-
626, 627

START TIME: 10:30am

FINISH TIME: 11am

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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Examine exterior of tank, including fittings, gauges, structural supports, manholes, and handholes for leaks, signs of corrosion, or other defects.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no signs of defects or leaks
2	Clean, test and inspect sight glasses, valves, fittings, drains, and controls.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all are good
3	Check condition of agitators and/or float assemblies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	assemblies are good
4	If applicable, clean strainer(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	strainer is clean
5	Clean up work site.- Report any issues	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no issues

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: