

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 11/7/22

Contractor Personnel on Site:

1. Patrick Brown 3. _____
2. _____ 4. _____

Work Performed:

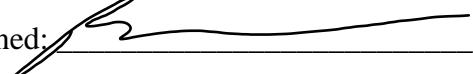
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S , 19513 , 19722 , 19727 , 19514 , 19708 , 19723 ,
2. 19728 , 19515 , 19729
3. ASSET#'S , IL-, 65,66,67 , 190917-,
4. 603,622-627,642,645,651,652,659,660,686,682,724,703,707,
5. 710,711,714,716,727,731

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: PATRICK BROWN Date: 11/7/22

Signed: 

To be signed by Facility Manager:

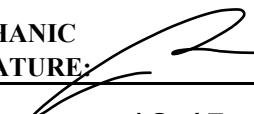
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: O'Connor, Timothy SSG Date: 10/28/07

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
GLYCOL TANK

SITE AND BLDG #: **NY127 BLDG2**MECHANIC
SIGNATURE: DATE: **11/7/22**

mechanical room

LOCATION/RM #: **WO# 19723**ASSET # **190917-707**START TIME: **12:45pm**FINISH TIME: **1:15pm**

| 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. | ✓ | | |
| 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. | ✓ | | |
| 2 | Clean, test and inspect sight glasses, valves, fittings, drains, and controls. | ✓ | | |
| 3 | Check condition of agitators and/or float assemblies. | ✓ | | |
| 4 | If applicable, clean strainer(s). | ✓ | | |
| 5 | Clean up work site.- Report any 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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: