

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 8/23/22

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. <u>WO#'S , 18433-18439 , 18580 , 18586 , 18601 ,</u> |
| 2. <u>18627 , 18440-18442 , 18628 ,</u> |
| 3. <u>ASSET#'S , 9220 , 9222 , 9240 , 9241 , 9243 , 9244 ,</u> |
| 4. <u>9245 , 9261-9263 , IL-12 , IL-13 , 190917-, 131 ,</u> |
| 5. <u>102 , 103 , 132 , 119 , 124-126</u> |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/23/22

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: MIKE MCCARTHY Date: 8/23/22

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
ISOLATION VALVE

SITE AND BLDG #: NY013 BLDG1

**MECHANIC
SIGNATURE:** 

DATE: 8/23/22

LOCATION/RM #: 119 **WO#** 18586 **ASSET #** 190917-103

START TIME: 11am

FINISH TIME: 11:15am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect valve for damage and/or leaks.			
2	Exercise valve (at least 2 times per year) to ensure proper function. If valve does not function properly and/or leaks, open CM ticket for repair. Note the location of the valve.			

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: