

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 5/11/23

Contractor Personnel on Site:

1. Patrick Brown      3. \_\_\_\_\_  
2. \_\_\_\_\_      4. \_\_\_\_\_

**Work Performed:**

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

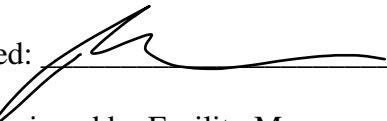
1. WO#'S , 21854 , 22006 , 22007 , 22008 , 22009 , 22010 ,  
2. 22011 , 22012 , 22081 , 22087 , 22102 , 22185 , 22019 ,  
3. 22014 , 22015 ,  
4. ASSET#'S , IL-12 , 9220 , 9222 , 9240 , 9241 , 9243 , 9244 ,  
5. 9245 , 9261 , 9262 , 9263 , IL-13 , 190917- ,  
131,102,103,132,127,128

---

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 5/11/23

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: Sanchez Corrigan/SFC Date: 5/11/23

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**ISOLATION VALVE**

SITE AND BLDG #: NY013 BLDG1

MECHANIC  
SIGNATURE: 

DATE: 5/11/23

mechanical room

LOCATION/RM #:

WO# 22087

ASSET # 190917-103

START TIME: 10:15am

FINISH TIME: 10:30am

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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: